



T.O.P. LOCAL UNION REPORT FORM
TECHNICAL, OFFICE & PROFESSIONAL

Region 4 T.O.P.

***EACH LOCAL UNION IS REQUESTED TO FILL OUT THIS REPORT AND BRING
(3) COPIES TO THE UAW T.O.P. CONFERENCE.**

LOCAL: _____

ADDRESS: _____

CITY/ST./ZIP: _____

DELEGATES ATTENDING:

MEMBERSHIP

ACTIVE: _____ **LAI D OFF:** _____ **RETIRED:** _____

WAGES PER HOUR

AVERAGE: \$ _____

(PLEASE CHECK) COLA: YES NO **SHIFT PREMIUM:** YES NO

COMPANY/FACILITY

NAME: _____ **LOCATION:** _____

SHIFTS: _____ **OVERTIME:** _____ **HIRING:** _____

TYPE OF WORK: _____

NON-UNION DEPARTMENTS (PLEASE LIST THEM): _____

**ARE THERE ANY SIMILAR LOCATIONS IN YOUR CITY THAT ARE NON-UNION?
(PLEASE LIST THEM):** _____

**DO YOU HAVE WORK THAT TRANSFERS BETWEEN THE TWO WORKSITES? IF
SO, PLEASE LIST.** _____

**DO YOU KNOW ANYONE IN THAT WORKSITE? IF SO, PLEASE LIST NAME,
ADDRESS AND PHONE:** _____

CAN YOU OBTAIN AN EMPLOYEE LIST FROM THAT LOCATION?

(PLEASE CHECK): YES NO

**WHAT TYPE OF COMMUNITY INVOLVEMENT IS YOUR LOCAL/UNIT
PARTICIPATING IN TO PROMOTE YOUR LOCAL/UNIT?** _____

PLEASE REPORT ANY ISSUES TO THE COUNCIL THAT ARE TAKING PLACE IN YOUR WORKPLACE. (PLEASE LIST):

PAYROLL PROBLEMS? _____

HEALTH CARE/INSURANCE ISSUES? _____

TUITION ASSISTANCE ISSUES? _____

GRIEVANCE/ARBITRATION ISSUES? _____

TERMINATION ISSUES? _____

ISSUES W/REPLACEMENT OF MEMBERS WHEN A POSITION IS VACATED?

CONTRACTUAL ISSUES? _____

PAST PRACTICES ISSUES? _____

**ISSUES W/401K, RETIREMENT, WAGES, COLA, RAISES, SICK LEAVE OR
FEDERAL LEAVE?** _____

LOCAL UNION/OFFICERS/ FINANCE ISSUES? _____

ANY ADDITIONAL INFORMATION: _____

