AFGE LOCAL 2031
3200 Vine Street
Cincinnati OH 45220
Telephone - (513) 861-3100 Ext. 4938
Fax - (513) 861-6120

AFGE LOCAL 2031 INTAKE FORM
(DO NOT ALTER)

DATE/TIME INTAKE SUBMITTED_____ MEMBER NUMBER_____

NAME OF PERSON TAKING THE INTAKE_____

STATEMENT OF ISSUE OR PROBLEM_____

_____

_____

_____

_____

Desired Resolution_____

Name_____ Supervisor_____ Contact No._____

Department/Section_____ Tour of Duty_____

VAMC E-mail_____ Personal E-mail_____

Work Number_____ Cell Phone Number_____

How Long Employed at VAMC_____ Race/Sex _____ Date of Birth_____

Are you a Veteran? Yes_____ or No_____ Branch of Military Service_____

Length of Military Service_____ Percent of Service Connected Disability_____

Work Location: Floor _____ Room# _____

_____

OR OFFICE USE ONLY

Steward Assigned_____ Date Issued_____

Follow-up with Chief Steward_____ Jurisdiction_____

Final Disposition_____

My signature below certifies that the information provided to the best of my knowledge is true and correct.

_____ Date_____

(Signature)

The following documents are attached:

_____ _____

_____ _____

Have you raised this issue in another forum?

____Informally ____Grievance Procedure ____ Merit System Protection Board ____EEO
____FLRA ____OSC ____IG If so, please explain: _____

_____.

I agree to the terms noted below.

I will not discuss or share my issue with anyone other than my designated Union Representative.

I will fully cooperate and meet when scheduled unless there is an emergency.

I will turnover any information/documentation immediately upon request.

I will participate in maintaining the time frames and expectations.

I further agree that and any failure on my part shall relieve my representatives, his heirs, and the A.F.G.E. of any and all liability with respect to the processing and resolution of my complaint or appeal concerning: _____

_____.

_____ _____
Signature **Date**

A.F.G.E. LOCAL 2031

DESIGNATION OF REPRESENTATIVE AND POWER OF ATTORNEY

This is to certify that _____

Residing at _____

And employed by _____ **at the VA Medical Center, Cincinnati OH**

I hereby designate as my representative the individual and/or organization named below in connection with complaint or regarding _____

I understand that this designation constitutes my full and unconditional consent and authorization for my representative to receive personnel files and documents which may relate to my complaint or appeal and to obtain copies of the same documents. I further understand that my representative has the full and exclusive authority to act on my behalf and effect such binding resolution(s) of my complaint or appeal as he/she/they determine to be in my best interest, provided each resolution(s) shall be explained to me.

If my representative is or acts on behalf of the American Federation of Government Employees (AFL-CIO), or an affiliate Local thereof I give my permission to the A.F.G.E. to pursue my case through the procedures and the level they deem necessary.

I relieve my representatives, his heirs, and the A.F.G.E. of any and all liability with respect to the processing and resolution of my complaint or appeal. I will notify my representative, in writing, if I wish to revoke this designation, and understand that my representative will so notify me if he/she/they wish to be withdrawn from representing me.

Representative(s):

_____ **Date** _____

_____ **Date** _____

Complainant: _____ **Date** _____

(Print)

_____

(Signature)