

NALC REQUEST FOR INFORMATION

NAME OF STEWARD _____	TOUR OF DUTY _____	WORK LOCATION _____
GRIEVANT'S NAME _____	TOUR OF DUTY _____	
GRIEVANCE FILE NO. _____	SUPERVISOR RECEIVING REQUEST _____	GRIEVANT'S SIGNATURE _____

INFORMATION REQUESTED:	INFORMATION PROVIDED	
	YES	NO
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DATE INFO. REQUESTED _____	STEWARD'S SIGNATURE _____	SUPERVISOR'S SIGNATURE _____
DATE INFO. RECEIVED _____		

IF INFORMATION IS NOT MADE AVAILABLE, GIVE EXPLANATION (SUPERVISOR):