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

DATE INFO. REQUESTED _____ _____ _____

STEWARD'S SIGNATURE SUPERVISOR'S SIGNATURE

DATE INFO. RECEIVED _____

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