

**MONTHLY
PEIR REPORTING FORM**

Revised 12/19/14

*****Due the 15th of each month*****

Last Name _____ **First Name** _____
City _____ **State** _____ **Wk. Tel** _____
Month _____ **Year** _____

Email to: Sue Head: shead@cwa7019.org.

If you have no activity to report, or if questions arise call ☎ 602-630-2623 (Local phone.)

Contact Information

<u>Number of Contacts with employees</u>	<u>Company Time</u>	<u>Personal Time</u>
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<u>Number of Consultations (w/Mgmt or Union)</u>	<u>Company Time</u>	<u>Personal Time</u>
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<u>Number of Presentations</u>	<u>Company Time</u>	<u>Personal Time</u>
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<u>Number of PEIR meetings</u>	<u>Company Time</u>	<u>Personal Time</u>
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Additional Comments: Please include any changes to personal information ie address change, phone number change, change in employment status, etc
