

NOTIFICATION OF DESIGNATED STEWARD

TO: Agency Head (agency & name) _____

FROM: Chapter President (name) _____

RE: Designated Steward Assignments

DATE: _____

The following assignments have been made by OCSEA/AFSCME, Local 11 for

(Institution or facility location)

JURISDICTION

SHIFT

STEWARD'S NAME

In cases where the assigned steward is unavailable due to absence or illness, all correspondence should be directed to the following individuals respectively:

Chapter President (name) _____

Chapter Vice President (name) _____

Chapter Chief Steward (name) _____