

CORRECTIONAL SUPERVISORS COUNCIL

UNION STEWARD MONTHLY REPORT FORM:

Please fill out and send to CSEA by the 25th of each month regardless of activity.

Place an N/A in any areas that are not used during that month. You may fax this form to CSEA (860-951-3526) attn: Charles Lemelin/Cathy Osten. This form may also be found on the website: www.csea-ct.com click on CSC

Name/Title:

Facility/Area:

Month Reporting

Beginning Date:

Ending Date:

Grievance Activity (List dates filed, members filed for, overview of each.

Investigations/Representations (List dates, members names, overview)

Use this box to list any changes to shifts or transfers in/out. These include any Lt. or Capt/CS changes.