



Monthly Unit Report

Local 397

**Must be filled out by Chairman or Shop Stewards
and mailed, emailed, faxed or hand delivered before each monthly meeting**

Date: _____ Company _____ Name _____

Did you file a grievance
Was someone fired
Was someone disciplined

Did someone get hurt on the job
A new hire or new members
Any OSHA reportable incident

Will you attend the monthly meeting Yes No

Are you working Out Sick On Vacation Out on Union business

Please fill out a brief description of what is happening in your plant