

MANAGEMENT PERFORMING BARGAINING UNIT WORK FORM

Name: _____

Assignment: _____

Date: _____

Time manager on duty: _____

Time manager started assisting: _____

Time manager finished assisting: _____

Where assistance took place: _____

Brief description of work performed (use other side of paper if more space is required):

Phone Number: _____

Email Address: _____

Please drop completed form in the TCRC box provided

