CWA District 3 - Internal Organizing SIF - Tracking Sheet

LOCAL: _____ **ORGANIZER:** _____ **EMPLOYER:** _____

_____

LOCATION/SITE of Face-to-Face Contact (s) (Address & Indicate: G = Garage; CC = Call Center; RS = Retail Store; O = Other)

Travel Time: _____ **Total Time:** _____

Date of Contact	Contact Time	Name of Non-Member/AFP	Sign Up Y/N	If no: Stated Objection	STATUS *	COPE Y/N	COPE $/WK	Input Info E.C.S. Y/N

*** STATUS CODES: 3**=Undecided Person **4**=Leaning Against Union **5**=Leaning for Union **6**=Follow Up **7**=Signed Up

Certified by Local Officer: _____ **Approved by Staff:** _____

opeiu2

SIF Approver: _____