

MSEA Bargaining Unit Changes

RETURN TO: MN School Employees assoc., 190 E 5th St. St. Paul, MN 55101

FROM: ISD# _____ Date: _____

NEW EMPLOYEE The following employee is working the required number of hours per week to be eligible for MSEA representation.

Name _____ Date of Hire _____

Address _____

City/State/Zip _____

Position/Unit _____ Home Phone _____

TOTAL HOURS PER WEEK _____

Hourly Rate _____ Hours per DAY _____ Days Per Year _____

ESTIMATED ANNUAL SALARY _____

Number of Dues Deductions Remaining for the Current Term: _____

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CHANGE IN EMPLOYEE STATUS

CHECK ONE: _____ Layoff _____ Terminated _____ Retired

_____ Resigned _____ Leave of Absence Other _____

Name _____

Position/Unit _____

Change in number of days/year worked _____

Effective Date of Status Change _____

ACTUAL ANNUAL SALARY _____

Return to: lynn@msea-mn.com