UNIVERSITY OF OREGON
MONTHLY SEIU UNION STEWARD
ACCOUNTING SHEET

SUPERVISOR NAME: _____

DEPARTMENT: _____

STEWARD NAME: _____

MONTH/YEAR: _____

(Send report even if "0" hours were used on SEIU business)

DATE	TIME LEFT WORKPLACE	RETURNED TO WORKSITE	TOTAL NUMBER OF MINUTES

TOTAL MINUTES FOR MONTH: _____

STEWARD SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

Send to: Judy Gates, Human Resources (346-2952) no later than the 10th day of the following month.