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:	**Jake Vasey, Human Resources (346-0686) no later than the 10th day of following month.**