

Case Number: \_\_\_\_\_  
(Union Office Use Only)

## American Federation of Government Employees Local 1411

**PO Box 269006**  
**Office: 317-212-2925**

**Indianapolis, IN 46226-9006**  
**Fax: 317-757-8172**

### Request for Representation

Today's Date: \_\_\_\_\_

Type of Complaint: \_\_\_\_\_ Date of: \_\_\_\_\_  
(What did Management do?) (Last Incident)

Have you discussed your issue(s)/concern(s) with your supervisor? (Y\_\_\_\_ N\_\_\_\_)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Series: \_\_\_\_\_ Grade: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duty Phone: \_\_\_\_\_ Work Location/Column#: \_\_\_\_\_

Home or Cell Number: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Supervisor's Name & Phone # \_\_\_\_\_ / \_\_\_\_\_

Branch: \_\_\_\_\_ Division: \_\_\_\_\_

Directorate: \_\_\_\_\_ Command: \_\_\_\_\_  
(DeCA, DLA, DFAS) or Air Force

Are you a Bargaining Unit Member? (Y\_\_\_\_ N\_\_\_\_) Are you a Veteran? Y\_\_\_\_ N\_\_\_\_

#### Statement of Facts on your Issues/Concerns

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Case Number: \_\_\_\_\_  
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Name of Witness (es): \_\_\_\_\_ / Phone# \_\_\_\_\_  
 \_\_\_\_\_ / Phone# \_\_\_\_\_  
 \_\_\_\_\_ / Phone# \_\_\_\_\_  
 \_\_\_\_\_ / Phone# \_\_\_\_\_

I hereby authorize AFGE Local 1411 to represent me in all matters either concerning or related to this Request for Representation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY EITHER THE UNION PRESIDENT, EXECUTIVE VICE PRESIDENT, OR CHIEF STEWARD**

Assigned Union Representative \_\_\_\_\_

Assigned Alternate Representative \_\_\_\_\_

Date: \_\_\_\_\_

Under the provisions of the Master Collective Bargaining Agreement AFGE/DFAS,  
DFAS 1426.1 and 5 USC 7114 (b)(4)

I, \_\_\_\_\_, hereby authorize the following AFGE  
Local 1411 Union Representative(s) \_\_\_\_\_  
to access and review any personal applicable rating and ranking records and/or to access, review  
and receive copies of any documentation contained of my personal records and/or any other  
Agency Record Keeping Systems, including my Official Personnel File

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CONFIDENTIAL