

Date

Employer name

Employer address

Employer address

Attn: Employer contact person/HR/Labor Relations

Re: UAW Local Union Request for Information

Dear _____,

In accordance with the National Labor Relations Act (NLRA), UAW Local Union _____ hereby requests the following information to update our local union membership data so that the Union may better identify and communicate with our UAW-represented workers and retirees.

For each UAW-represented worker and retiree associated with your company, please provide: Facility/Work Location, Clock Number/Employee ID, First Name, Middle Name, Last Name, Suffix, Street Address 1, Street Address 2, City, State, Zip Code, Country, Email Address, Cell Phone, Birth Date, Seniority Date, Retirement Date, Gender, Veteran Status and Death Date (if applicable).

Please provide the information to the Union within five (5) business days, or by (date). If any part of this request is denied or if any of the information is unavailable, please respond in writing, stating the reason(s) for denial or unavailability of the information, and provide the remaining information by the above date, which the Union will accept without prejudice to its position that it is entitled to all the information sought in this request. This memo of request is submitted without prejudice to the Union's right to file subsequent and periodic requests.

Thank you for your prompt attention to this vital matter.

In solidarity,

Local Union Leader Name

Local Union Leader Title

Employer Request for Information

#	Employee Information Requested	Employer Notes
1	Facility / Work Location	
2	Clock Number/Employee ID	
3	First Name	
4	Middle Name	
5	Last Name	
6	Suffix	
7	Street Address 1	
8	Street Address 2	
9	City	
10	State	
11	Zip Code	
12	Country	
13	Email Address	
14	Cell Phone	
15	Birth Date	
16	Seniority Date	
17	Retirement Date	
18	Gender	
19	Veteran Status	
20	Death Date (if applicable)	