



INTERNATIONAL ASSOCIATION OF EMTs & PARAMEDICS

(A DIVISION OF THE NATIONAL ASSOCIATION OF GOVERNMENT EMPLOYEES)

IAEP Local 167 – Steward Pay for Grievance Hearing Request

Date ____/____/____

Steward _____

Date of Hearing ____/____/____

Union Member _____

Milage _____

Location of Hearing _____

Stipend \$50.00

Mileage x .505 = \$

Total \$

E-mail: iaep167treasurer@gmail.com