

Attachment (1)
Professional Fire Fighters of Maine
Affiliate's Request for Service Form

PFFM Affiliate Number _____ Name of Local President _____

Address _____ E-Mail Address _____

Cell # _____ Office # _____ Fax # _____

Date of Assistance/Service Request: _____

PFFM District Vice-President Contacted _____ Date _____

Type of Assistance/Service Requested

Organizing

First Contract

Grievance/Arbitration

Negotiations Assistance

Unfair Labor Practice Assistance

Disciplinary/Adverse Actions

Internal Local Assistance

Education/Training

Legislative Assistance

Other _____

If Organizing, City/Town _____ Contact Person _____

Phone Number _____ E-Mail Address _____

Number of Potential Members _____ Charter Applications Completed IAFF PFFM

Constitution & By-Laws Pending Awaiting Membership Approval Submitted to IAFF/PFFM

Affiliate's Exclusive Recognition Petition Filed Recognition Approved by MLRB

Collective Bargaining Proposals Drafted Submitted Negotiated

Issue[s] to be addressed:

Actions Taken by Affiliate:

Follow-up Required:

Additional Information:

Has a complete copy of the case file and any and all necessary information/data been provided to the District Vice President? Yes No

Date Provided: _____ Date to be Provided: _____