



United University Professions

Stony Brook West Campus Chapter
MEMBER INTAKE FORM

WELCOME

Thank you for reaching out to the UUP Chapter Office with your questions and concerns. We look forward to meeting with you to address your inquiry.

To best assist you and make the most out of the appointment time, please ensure that any documents relating to your issue are brought to the Chapter Office on the date of your appointment, or prior to.

Documents can be submitted via the following by:

- 1) Bringing them in person to the Chapter Office, located at:
S-5415 Melville Library
Stony Brook University
Stony Brook, NY 11794-3388
- 2) Scan and email using your private email address to:
westchapter@uupsbu.org

DOCUMENTS

Professionals

- Counseling Memos Performance Programs Performance Evaluations
- Email/Written Communications and/or Discipline-Counseling Memos
- Personnel Action Forms Appointment Letter/s Time & Attendance Records
- Other: _____

Faculty

- Counseling Memos Reappointments Department Course-load Policy
- Email/Written Communications and/or Discipline-Counseling Memos
- Personnel Action Forms Appointment Letter/s Time & Attendance Records
- Other: _____



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DEMOGRAPHICS

Last Name: _____ First Name: _____

Preferred Name: _____

Pronouns: _____

University ID# _____ UUP Member: Yes No

Campus Email: _____

Off-Campus Email: _____

Cell Phone: _____

APPOINTMENT TYPE check box if confirmed against appointment letter

Professional	Faculty
SL# _____ (1-6)	Rank: <input type="checkbox"/> Assistant <input type="checkbox"/> Associate <input type="checkbox"/> Full
<input type="checkbox"/> Term <input type="checkbox"/> Temporary	<input type="checkbox"/> Non-Tenure Track
<input type="checkbox"/> Probationary <input type="checkbox"/> Permanent	<input type="checkbox"/> Tenure Track <input type="checkbox"/> Tenured
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Appointment Term Date: _____	Appointment Term Date: _____

Department: _____ VP Area: _____

GRIEVANCE/OTHER CONCERN

Have you reported this previously? Yes No

University Police | Date: _____ | Name: _____

Human Resources | Date: _____ | Name: _____

Labor Relations | Date: _____ | Name: _____

Supervisor | Date: _____ | Name: _____

Other | Date: _____ | Name: _____



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AUTHORIZATION FOR REPRESENTATION

I, _____, hereby give authorization for a Union representative, including the Chapter's *Grievance and Other Concerns Committee* to advocate on my behalf. This authorization expires 180 days from the date listed below.

Member Signature: _____ Date: _____

UUP Representative Printed Name: _____

UUP Representative Signature: _____

INTERNAL USE ONLY

Date Submitted: _____ Documents Received: _____

Documents Needed: _____ File Created: _____

UUP Representative Assigned: _____

Action Notes: _____

Resolved? Yes No