

Worksite Meeting

Worksite:					
т :					
-	Print Name			Signature	
Date:	Time:		Place:	Place:	
Employees attending	meeting:	(If additional 1	room is needed pl	ease sign on back)	
Bldg. Reps, Alt. Reps a	nd Exec. B	•	soring and atter	nding the meeting: Exec. Brd.	
Print Name		Signature	BR	Exec. Brd.	
Print Name		Signature	DK	Exec. Bru.	
		3	BR	Exec. Brd.	
Print Name		Signature			
			BR	Exec. Brd.	
Print Name		Signature	DD	E D1	
Print Name		Signature	BR	Exec. Brd.	
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Print Name	 -	Signature			
			BR	Exec. Brd.	
Print Name		Signature			

Important Reminders:

- Retain a copy of this form for your records.
- Be sure USEP President or staff, Valic, Liberty Mutual or California Casualty representatives have signed in.