



Request to Appear Before Seniority Committee

NOTE: Complete all details in document.
Deliver to office or mail to address below

_____ Date

Recording Secretary
ILA Local 1624
500 East Main Street, Suite 404
Norfolk, VA 23510

I am requesting the opportunity to appear before the Seniority committee to discuss my Seniority Classification.

_____ Print First & Last name

_____ Social Security Number

_____ Current Seniority Classification

_____ Signature

_____ Address (Street or PO Box)

_____ City/State/Zip Code