



Worksite Meeting

Worksite: _____

Topic: _____

Guest Speaker: _____

Print Name

Signature

Date: _____ Time: _____ Place: _____

Employees attending meeting: (If additional room is needed please sign on back)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Building Reps and Executive Board Members attending the meeting:

_____	_____
Print Name	Signature
_____	_____
Print Name	Signature
_____	_____
Print Name	Signature
_____	_____
Print Name	Signature
_____	_____
Print Name	Signature
_____	_____
Print Name	Signature
_____	_____
Print Name	Signature

Important Reminders:

- Retain a copy of this form for your records.
- Be sure USEP President, USEP staff, benefit partners, and/or affiliate representatives have signed in.