APPENDIX J

AFGE UNION REPRESENTATION MONTHLY OFFICIAL FTS REPORT

EMPLOYEE NAME: MONTH/YEAR:				
POSITIO	ON/TITLE/SERIE	S AND GRADE:		•
UNION	DESIGNATION:			
DATE	FTS NUMBER CALLED	FUNCTION/PURPOSE (e.g. Contract Provision)	TIME BEGIN/END	MINUTES
ı				
			MONTHLY	
			TOTAL	