



# Station Department Intake Form

Vice President: Lynwood Whichard

Division Chairman: Robert Kelley

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PASS #: \_\_\_\_\_

JOB # AND LOCATION: \_\_\_\_\_ RDO's: \_\_\_\_\_

PHONE# ( ) \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ YEARS OF SERVICE: \_\_\_\_\_

NATURE OF CALL/VISIT:  
(circle applicable)

Hearing, Arbitration, Member Dispute, Workers' Compensation  
Pick or Schedule, FMLA, Grievance, Union Issue, EEO, SIR,  
G-2 Request, Safety & Health, Overtime, Reasonable Accommodation,  
Hardship, Harassment, Intimidation.

OTHER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**MAKE SURE ALL OF YOUR CASES ARE CLOSED EVEN IF YOU REFER THEM TO ANOTHER OFFICER.**