# PLEASE BE ASSURED THAT THE EXECUTIVE BOARD WILL ONLY SEE THIS FORM. NO ADMINISTRATOR OR BOARD MEMBER WILL EVER SEE THIS FORM.

# WNEA ISSUE MANAGEMENT FORM

If you do not feel comfortable presenting this to your building rep, please contact any Executive Board Member listed below for the 2013-14 school year.

**Sue Navratil, President,**

**Jamie Gobel, Vice-President**

**Kris Miller, Secretary**

**Denise Ballew, Treasure and Membership Chair**

**Kathy Smith, Esp Rep.**

**Bill Brooks, and John Leech, HS Rep.**

**Chris Brummer and Michelle Zak, MS Rep.**

**Maureen Baumbach and Jean Schultheis, IC Rep.**

**Joy McRoy and Chris Schorr, Freer Rep.**

**Ellen Mueller and Kindal Carner, We Rep.**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WNEA Rep.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Concerned Person or Group:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member\_\_\_\_\_\_\_\_

Non- Member \_\_\_\_\_\_\_\_\_

Work Phone # \_\_\_\_\_\_\_\_

Home Phone # or Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best time and location for you to be reached \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summary of Issues (What, When, Where, Who and What)

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What rights, personnel regulations, policies or practices, have been violated?

Solution sought by concerned employee/employees:

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Signature of Concerned employee/employees

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Date:

WNEA Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## WNEA ISSUE MANAGEMENT FORM FOR

### EXECUTIVE BOARD MEMBER

Executive Board members notes from concerned employee/employees:

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Presented to WNEA President/Vice President. Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_

Presented to Executive Board. Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_

Presented to Administrator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_

Presented to Superintendent, if needed Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_

Plan of Action by the Executive Board:

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Solution:

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WNEA President / Vice President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_