







# AMFA

## SENIORITY PROTEST PROCEDURES

I give my AMFA Union Representatives permission to view and receive copies of any or all material from my personnel records/files maintained by local management, general offices, and the Human Resources Department, including electronic and other media.

Print Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Union Representative: \_\_\_\_\_  
(please print)