

**MONTHLY
PEIR REPORTING FORM**

Revised 9/24/03

*****Due the 15th of each month*****

Last Name _____ **First Name** _____
City _____ **State** _____ **Wk. Tel** _____
Month _____ **Year** _____

Fax to 515-266-1518 or mail to: Lorie Head, 900 Keo 4N, Des Moines, IA 50309.
If you have no activity to report, or if questions arise call ☎ 515-360-4555.

Contact Information

<u>Number of Contacts with employees</u>	<u>Company Time</u>	<u>Personal Time</u>
_____	_____	_____

<u>Number of Consultations (w/Mgmt or Union)</u>	<u>Company Time</u>	<u>Personal Time</u>
_____	_____	_____

<u>Number of Presentations</u>	<u>Company Time</u>	<u>Personal Time</u>
_____	_____	_____

<u>Number of PEIR meetings</u>	<u>Company Time</u>	<u>Personal Time</u>
_____	_____	_____

Additional Comments: Please include any changes to personal information ie address change, phone number change, change in employment status, etc
