

DISPATCH AUTHORIZATION

Date_____

Employer_____

Employee_____

Position_____

Dear Local 1593,

This is to inform you that the above stated employee now meets the criteria and skill necessary to perform the above stated function. This employee has trained under my watch and has satisfied our organization's level of acceptance. Thank you.

Please Email dispatch1593@ilalocal1593.org

Or

Have Employee hand deliver to 100 Zoo Park Way (union hall)

Departmental Supervisor_____

If Emailed the sending email address will be the Signature