



**Raymond Hallett Jr,** *President*rhallett@csealocal648.org

LSG-407, P.O. Box 6000

Binghamton, NY 13902-6000

(607) 777-4377



**NYS & CSEA PARTNERSHIP WANTS TO KNOW**

**Does your Break/Lunch Room need appliances?**

Does it need a Coffee Pot \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does it need a Refrigerator \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does it need a Microwave Oven \_\_\_\_\_\_\_\_\_\_

Does it need a Toaster Oven \_\_\_\_\_\_\_\_\_\_\_\_\_

Does it need a Fan\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many **CSEA NYS Employees** would benefit from these appliances? \_\_\_\_\_\_\_\_\_\_

Which bargaining units are these employees with?

ASU (Administrative) \_\_\_\_\_ ISU (Institutional) \_\_\_\_\_\_ OSU (Operational) \_\_\_\_\_\_\_

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Department/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone where we can reach you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Actual Location of Lunch/Break Room: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL information above is required for all appliance requests!**

**When equipment is received it will need to be tagged and cannot be removed from the designated area without proper approval of CSEA Local 648 SUNY Binghamton Executive Board. All CSEA members are allowed to use appliances.**

**If you have any questions, please contact Dave Hektor at (607) 768-8181 or** [**dhektor@csealocal648.org**](mailto:dhektor@csealocal648.org)**.**

**Return completed forms to, CSEA Office LSG407**

**Deadline to submit request is July 1**