



**ORGANIZING
DECERTIFICATION: AN EARLY WARNING SYSTEM
SEMI-ANNUALLY**

Date: _____

Local: _____

Employer: _____

Unit Description: _____

Contract Expiration Date: _____

Number in Bargaining Unit: _____

Number of Members: _____

Number of Stewards: _____

Date of last Steward Training: _____

Are Worksite Meetings Held? Yes No

Describe Other Meetings: _____

If contract expires within 6 months, describe contract preparation (surveys, meetings, discussion of key issues, etc.): _____

Describe any signs of dissatisfaction (drop-outs, leaders quit, management campaign): _____

Should we be doing anything else? Yes No

If yes, what? _____

If no, why? _____

CWA Staff _____