

**Eyres Law Group Contact Information Form  
For CSAC EIA Participating Members in Labor Law/Employment Practices Program**

**SAVE FORM WITH YOUR AGENCY NAME AS THE FILE NAME and  
RETURN COMPLETED FORM TO: [memberservices@gsrma.org](mailto:memberservices@gsrma.org)**

Public Agency: \_\_\_\_\_

Primary Physical Mailing Address: Street: \_\_\_\_\_

Rm/Suite/Dept: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Agency Website: \_\_\_\_\_

**Primary Contact:**

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

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

Secondary Email Address (if desired): \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Direct Line: \_\_\_\_\_

Fax: \_\_\_\_\_ Confidential Fax (if applicable): \_\_\_\_\_

Mailing Address (if different): Street: \_\_\_\_\_

Rm/Suite/Dept: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Secondary Contact:**

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

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

Secondary Email Address (if desired): \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Direct Line: \_\_\_\_\_

Fax: \_\_\_\_\_ Confidential Fax (if applicable): \_\_\_\_\_

Mailing Address (if different): Street: \_\_\_\_\_

Rm/Suite/Dept: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Entity Departments:** (Identify all Departments participating in hotline program)

Is there an Entity-Wide Employee Handbook?  YES  NO

Provide online link, if applicable: \_\_\_\_\_

Do separate Departments have Employee Handbooks?  YES  NO

Provide online link, if applicable: \_\_\_\_\_

Are governing policies accessible on entity website?  YES  NO

If yes, provide link or website address: \_\_\_\_\_

Are leaves of absences policies accessible on entity website?  YES  NO

If yes, provide link or website address: \_\_\_\_\_

Are Collective Bargaining Agreements or MOUs accessible on website?  YES  NO

If yes, provide link or website address: \_\_\_\_\_

OPTIONAL: provide email addresses for other staff to receive monthly newsletters:

\_\_\_\_\_

OPTIONAL: identify topics of interest for monthly webinars:

\_\_\_\_\_

OPTIONAL: identify areas of particular interest for hotline assistance:

\_\_\_\_\_

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