



**International Association of Machinists
& Aerospace Workers
United Jumpseat Tracking Program**

Please provide as much information as possible below.

| | | | | | |
|--|----------------------|---------------|--|-----|----|
| Flight Attendant Name: | | | | | |
| Date: | | Time: | | | |
| Departure City: | | Arrival City: | | | |
| Flight Number: | Additional Comments: | | | | |
| Were you traveling to work? | | | | Yes | No |
| Did the flight depart with empty Flight Attendant jumpseats? | | | | Yes | No |

| | |
|---|------|
| Gate Agent Name/Signature <i>(not required)</i> | Date |
| | |

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 Please email a photo of this document to IAMnoFAleftbehind@gmail.com
 or turn in to your base grievance representative.