

LOCAL



Grievance Number

COMMUNICATIONS WORKERS OF AMERICA

STATEMENT OF OCCURRENCE

Name: _____ **Job Title:** _____

Company: _____ **Work Loc.:** _____

N.C.S.D: _____ **Supervisor's Name:** _____

Department: _____ **Unit:** _____ **Floor:** _____

The following is a statement of what happened to me on:

I hereby give consent to the inspection by an authorized union representative of any records kept by my employer which may affect the conditions of my employment. This authorization is given in accordance with the existing agreement between the union and my employer.

Signature of Grievant: _____ **Date:** _____