

LOCAL



CWA Local 1101

350 West 31<sup>st</sup> Street (2<sup>nd</sup> Floor) New York, NY 10001

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COMMUNICATIONS WORKERS OF AMERICA

# Statement of Occurrence

Name \_\_\_\_\_ Address \_\_\_\_\_

Work Location \_\_\_\_\_ Home Telephone \_\_\_\_\_

Seniority Date \_\_\_\_\_ Work Telephone \_\_\_\_\_

Department \_\_\_\_\_ Title \_\_\_\_\_

Supervisor Name \_\_\_\_\_

The following is a statement of what happened to me on \_\_\_\_\_, 20\_\_\_\_

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

Signed \_\_\_\_\_