

CWA
STATEMENT OF OCCURANCE
LOCAL 6171

NAME: _____

HOME PH: _____

ADDRESS: _____

CELL PH: _____

WORK

LOCATION: _____

SINORITY DATE: _____

TITLE: _____

SUPERVISOR'S NAME: _____

FOLLOWING IS A STATEMENT OF WHAT HAPPENED TO ME ON ___/___/_____

ARTICLES & AND PARAGRAPHS I BELIEVE VIOLATED ARE: _____

STATEMENT:

I give my consent to the inspection by any authorized Union representative of any record kept by the Company, which may impact the conditions of my employment. This authorization is given in accordance with the existing agreement between the Union and the Company.



(Sign)

(Date)

