STATEMENT OF OCCURRENCE
CWA Local 2202

Team Leader_____
Manager _____*
Director _____*
*(must complete)

Name_____ NCS Date _____

Home Address_____

Home Phone_____ Work Phone_____

Work Location_____ Department_____

Title_____ Tour_____
Needed in order to schedule grievance

Supervisor Name_____

THE FOLLOWING IS A STATEMENT OF WHAT HAPPENED ON _____ (DATE)

I hereby give consent to the inspection by any authorized Union Representative of any records kept by the Company which may affect the conditions of my employment and to release copies to the Union. This authorization is given in accordance with the existing agreement between the Union and the Company.

SIGNED_____ DATE_____

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