DO NOT PROVIDE THIS DOCUMENT TO MANAGEMENT

STATEMENT OF OCCURRENCE

CWA LOCAL 6201

NAME	ADDRESS	
WORK LOCATION	HOME TELEPHONE	
SENIORITY DATE	WORK TELEPHONE	
DEPARTMENT/FLOOR/UNIT	TITLE	
SUPERVISOR'S NAME		
The following is a statement of what happen	ned to me on	20
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		·
		·
		·
I hereby give consent to the inspection by a	ny authorized union representative	of any records kept by the
Employer which may affect the conditions o	f my employment. This authorizati	on is given in accordance
With the existing agreement between union	and the employer.	
	Signed	
	Date:	