STATEMENT OF OCCURRENCE

CWA 4025

NAME _____

HOME TELEPHONE _____

WORK TELEPHONE _____

WORK ADDRESS_____

_____

SENIORITY DATE _____

DEPARTMENT/JOB TITLE _____

SUPERVISOR'S NAME _____

Statement and/or report of what happened on (DATE) _____

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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 condition of my employment. This authorization is given in accordance with the existing agreement between the union and the employer.

Signed: _____