Statement Of Occurrence

CWA

LOCAL _____

NAME _____ ADDRESS _____
WORK LOCATION _____ HOME TELEPHONE _____
SENIORITY DATE _____ WORK TELEPHONE _____
DEPARTMENT/FLOOR/UNIT _____ TITLE _____
SUPERVISOR'S NAME _____
The following is a statement of what happened to me on _____ 19_____.

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

Signed _____