STATEMENT OF OCCURRENCE

CWA LOCAL 6132

FILED _____

RFI _____

NAME _____ ADDRESS _____

COMPANY _____ _____

USER ID _____ HOME # _____

PERSONAL EMAIL _____

DEPARTMENT _____ TITLE _____

WORK LOCATION _____ SUPERVISOR _____

SENIORITY/NCSD _____ SUPERVISOR UID _____

The following is a statement of what happened to me on _____ 20 _____
(Be specific as to WHY you disagree with the Company's action and WHO was present or involved)

DISCIPLINE _____ STEP _____ CONTRACT VIOLATION _____ OTHER _____

RESOLVE: _____

SIGNED _____

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

SIGNED _____

DATE RECEIVED _____/_____/_____

FILE BY DATE _____/_____/_____