

CWA LOCAL 6139  
STATEMENT OF OCCURRENCE

NAME: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_

WORK LOCATION: \_\_\_\_\_

DEPT: \_\_\_\_\_ HOME PH. # \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ CELL PH. # \_\_\_\_\_

SENIORITY DATE: \_\_\_\_\_ TITLE: \_\_\_\_\_

The following is a statement of what happened to me on \_\_\_\_\_ 20 \_\_\_\_\_

(Continue on back of page if extra space is needed)

I HEREBY GIVE CONSENT TO THE INSPECTION BY ANY AUTHORIZED UNION REPRESENTATIVE OF ANY RECORDS KEPT BY THE EMPLOYER, WHICH MAY AFFECT THE CONDITIONS OF MY EMPLOYMENT. THIS AUTHORIZATION IS GIVEN IN ACCORDANCE WITH THE EXISTING AGREEMENT BETWEEN THE UNION AND THE EMPLOYER.

SIGNED: \_\_\_\_\_

RELEASE OF PERSONNEL AND/OR MEDICAL RECORDS

I, \_\_\_\_\_, THE UNDERSIGNED, DO HEREBY GRANT PERMISSION FOR ALL UNION REPRESENTATIVES INVOLVED, TO EXAMINE, REVIEW, AND OBTAIN COPIES, WHEN NECESSARY, OF ANY AND ALL PORTIONS OF MY PERSONNEL AND/ OR MEDICAL RECORDS MAINTAINED BY THE COMPANY, WHICH ARE NECESSARY TO PROCESS A GRIEVANCE ON MY BEHALF. I UNDERSTAND THAT ALL INFORMATION AND DISCUSSIONS OF A PERSONAL NATURE PERTAINING TO THE RECORDS OR COPIES OF SUCH ITEMS WILL BE HELD IN STRICT CONFIDENCE, UNLESS OTHERWISE STATED BY ME.

SIGNED: \_\_\_\_\_  
(GRIEVANT)

DATED: \_\_\_\_\_

SIGNED: \_\_\_\_\_  
(UNION REPRESENTATIVE)

DATED: \_\_\_\_\_

(GRIEVANT)

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.