CWA Local 4340

STATEMENT OF OCCURRENCE

NAME _____ ADDRESS _____

EMPLOYER _____ HOME TELE #_____

WORK LOCATION _____ WORK TELE # _____

SENIORITY DATE _____ TITLE _____

DEPARTMENT/FLOOR/UNIT _____

SUPERVISOR'S NAME _____

The following is a statement of what happened to me on _____, 20____.

_____

_____

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_____

Signed _____

Date _____

For Office Use

Tracking # _____

Date R'cvd _____