



CWA LOCAL 1108

AFL-CIO

Phone 654-1108

Fax 654-1057

**Statement of Occurrence
(to be filled out by Grievant)**

Name: _____ Address: _____

Work Location: _____ Home Telephone:() _____

NCSD: _____ Job Title: _____ Work Telephone:() _____

SS#: _____ Chief Steward: _____

The following is a statement of what happened to me on _____

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

Signature