

Chief Steward \_\_\_\_\_

Steward \_\_\_\_\_

# Statement of Occurrence CWA

Local 6203

Name _____	Address _____
Schedule _____	City, State, Zip _____
NCS _____	Primary # _____
Title _____	Secondary # _____
Email _____	Supervisor _____

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

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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 \_\_\_\_\_