

Communication Workers Of America

2 West Potomac Parkway Williamsport, MD 21795

## STATEMENT OF OCCURRENCE

## CWA LOCAL 2105

NAME:	ADDRESS
EMAIL ADDRESS:	
WORK LOCATION:	HOME TEL.
NCS DATE:	WORK TEL.
DEPT./FLOOR/UNIT:	TITLE:
SUPERVISOR'S NAME:	
The following is a statement of what happened to me on:	Date:

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

Signature: