Communications Workers of America
Local 1102, AFL-CIO
Staten Island, NY

Statement of Occurrence

Grievance#_____

Name_____ Job Title_____

Company:_____ Work Loc.: _____

N.C.S.D: _____Supervisor's Name:_____

Department: _____Date and Time of Occurrence_____

The following is a statement of what I witnessed or happened to me:

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I hereby give consent to the inspection by an 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 of Witness: _____Date: _____