



STATEMENT OF OCCURRENCE

CWA LOCAL 3108 (407) 422-6554

NAME: _____ EMPLOYEE ID#: _____

HOME ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

WORK LOCATION: _____ NCS START DATE _____

DEPARTMENT: _____ TITLE: _____

SUPERVISOR'S NAME: _____ SUPERVISOR'S PHONE# _____

SUPERVISOR'S UID: _____

GIVE COMPLETE STATEMENT OF FACTS CONCERNING THE GRIEVANCE CONDITION THAT EXISTS

The following is a statement of what happened to me on _____, 20____, which action was in violation of Article _____ of the Working Agreement of the CWA and AT&T.

GRIEVANT MUST KEEP THE UNION INFORMED OF HIS/HER CURRENT ADDRESS)

NOTE: List witnesses on reverse side. Use back if more space is needed for grieving party's statement

Signed _____

Grievant

Date

- AT&T MOBILITY AT&T LEGACY T
- AT&T SOUTHEAST YP HOLDINGS
- AT&T COMMUNICATIONS SYSTEMS

I hereby give consent to the inspection and / or copies by any authorized union representative (s) of any records kept by the company which may affect the conditions of my employment, which may include and not limited to electronic and / or paper documentation, file(s), security reports, video surveillance, medical records, or opinions, police reports, court records, or any other information, which may be relevant and necessary to allow the union to protect my rights under the working agreement between the union and the company. This authorization is given in accordance with the existing agreement between the union and the company. I understand all information and discussions of a personal nature pertaining to these records or copies of the same will be held in the strict confidence unless otherwise stated by me.

Signed _____

Grievant

Date