


Communications


LOCAL 1118
4 WEMBLEY CT.
ALBANY, NEW YORK 12205
TEL (518) 862-0095
FAX (518) 862-0561



Workers of America

AFL-CIO

DATE: _____

SUBJECT: Grievance # _____

CWA Local 1118 _____, _____ requests the following
(Position) (Name)

information from Company Representative _____ at _____ step of the
grievance procedure.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Please initial and date.

Union Representative _____ Date _____

Company Representative _____ Date _____