Statement Of Occurrence

CWA Local 1118
4 Wembley Ct.
Albany, New York 12205
Fax # 862-0561

SOCIAL SECURITY # _____

NAME _____ ADDRESS _____

WORK LOCATION _____ HOME TELEPHONE _____

SENIORITY DATE _____ WORK TELEPHONE _____

DEPARTMENT/FLOOR/UNIT _____ TITLE _____

SUPERVISOR'S NAME _____

The following is a statement of what happened to me on _____ 20____.

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 _____