STATEMENT OF OCCURRENCE

Local 3112 Grievance Form

NAME_____EE ID#_____

ADDRESS_____RATE OF PAY_____

WORK LOCATION_____

SENIORITY DATE_____

WORK TELEPHONE NO._____HOME TELEPHONE NO._____

DEPARTMENT_____TITLE_____

SUPERVISOR'S NAME_____PHONE NO._____

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.

(Use additional pages if necessary)

Grievant Signature_____Date_____

RELEASE OF PERSONAL AND/OR MEDICAL RECORDS

I, _____, the undersigned, do hereby grant permission for all Union Representatives involved to examine, review and obtain copies when necessary, of any and all portions of my personal and/or medical records maintained by the Company, which are necessary to process a grievance in my behalf.

I understand all information and discussions of a personal nature pertaining to these records or copies of same will be held in strict confidence unless otherwise stated by me.

Signed:_____Date_____