Local 13301 - Piedmont

STATEMENT OF OCCURENCE

UNION USE ONLY

Name_____ Phone Contact:_____

Employee #:_____ DOH:_____ Work Location:_____

Home Address:_____ E-mail:_____

_____

Date of Occurrence:_____ Manager(s) Involved:_____

The following is, to the best of my knowledge, my true and correct statement.

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I hereby give consent to the inspection, by any authorized union representative, of any records kept by management, which may affect the conditions of my employment. This authorization is given in accordance with the existing Agreement between the Union and the Company.

Signed_____ Date_____

SUBMITTHIS FORM TO YOUR UNION REP - DO NOT SUBMIT TO MANAGEMENT