STATEMENT OF OCCURRENCE
LOCAL 3106 LOCAL TEL # 904-384-2222

NAME _____ ADDRESS_____

WORK LOCATION _____ _____

SENIORITY DATE _____ WORK TEL # _____ HOME TEL #_____

DEPARTMENT _____ TITLE _____

SUPERVISOR'S NAME _____ TELEPHONE #_____

The following is a statement of what happened to me on _____ 20___, which action was in violation of Article(s) _____ of the Working Agreement.

(Use Additional Pages if Necessary)

Signature of Grievant_____ Date _____

Release of Personnel and / or Medical Records

Home Address:_____
(Grievant must keep the Union advised of address changes)

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 personnel 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_____