

SIGNED_



STATEMENT OF OCCURRENCE

| | LOCAL | LOC | AL TELEPHONE NO. | | |
|---|--|---|-------------------------------|--------------------------|--|
| | | | | | |
| NAME | | | | | |
| ADDRESS | | | | | |
| WORK LOCATION | | | EET / CITY / STATE / ZIP CODE | | |
| SENIORITY DATE | NCS | DATE | | | |
| | | | | NE NO. | |
| | | | | | |
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| | IVE COMPLETE STATEME | | | | |
| | | | | | n was in violation of Article |
| of the Working Agreement | | 011 | 2 | o, which action | T was itt violation of Article |
| of the Working Agreement | | | | | |
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| NOTE: List Witnesses on F Use back if more sp | Reverse Side pace is needed for grieving | party's statement. | | | |
| | | - | | | |
| SIGNED GRIEVANT | | | 4 | | DATE |
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| ment, which may include Se vant and necessary to allow | curity Reports, Medical Reco | ords or Opinions, Polic s under the Working Ag | e Reports, Court Re | cords or Reports, or any | ay affect the conditions of my employ- other information which may be rele- y. This authorization is given in accor- |

DATE_