



COMMUNICATIONS WORKERS OF AMERICA, AFL-CIO
LOCAL 2336-DISTRICT 2-13
151 RIGGS ROAD, N.E., WASHINGTON ,D.C. 20001
OFFICE #: 202-291-1500
FAX#: 202-829-0202
WEBSITE: www.cwalocal2336.org

GRIEVANCE REQUEST

DATE: _____

TO: _____ (SUPERVISOR)

TEL#/EMAIL: _____ (SUPERVISOR)

FROM: _____ (UNION REPRESENTATIVE)

TEL#/EMAIL: _____ (UNION REPRESENTATIVE)

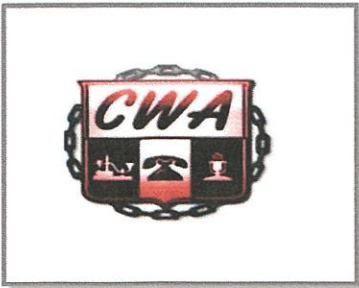
GRIEVANTS NAME: _____

DATE OF OCCURRENCE: _____

ISSUE GRIEVED: _____

CONTRACT ARTICLE/UNFAIR TREATMENT: _____

REMEDY SOUGHT: _____



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STATEMENT OF OCCURRENCE *(for internal Union use only)*

GRIEVANTS FULL NAME: _____

GRIEVANTS JOB TITLE: _____

HIRE DATE: _____ EMPLOYER: _____

GRIEVANTS HOME ADDRESS: _____
(STREET ADDRESS)

(CITY , STATE AND ZIP CODE)

GRIEVANT HOME AND/OR CELL#: _____

GRIEVANT PERSONAL EMAIL: _____

DIRECT SUPERVISORS FULL NAME: _____

SUPERVISORS TEL#: _____ EMAIL: _____

GRIEVANT WORK ADDRESS: _____

GRIEVANT WORK TEL#: _____

ACTUAL DATE INCIDENT OCCURED: _____

WRITE DETAILED STATEMENT PROVIDING FACTS AND BACKGROUND OF INCIDENT:

REQUEST COPIES OF PERSONNEL FILES

20-1078

In accordance with the provisions of Article 6A of the Collective Bargaining Agreement, the undersigned Local/Union Representative request copies of the following documents in the personnel file of:

NAME OF EMPLOYEE

Describe All Documents Sought
(provide all checked items)

- LAST 5 (10) YEARS OF PERFORMANCE REVIEWS
- LAST 5 (10) YEARS OF ABSENCE RECORDS
- LAST 5 (10) YEARS OF TRAINING RECORDS
- ALL CUSTOMER ACCOMMODATIONS
- ALL PREVIOUS DISCIPLINE ISSUED

****PLUS ADDITIONAL DOCUMENTS INCLUDED ON REQUEST FOR INFORMATION DOCUMENT**

(Signature of Representative)

(Union title and Local)

(Date)

Authorization for Release of Copies

THIS SECTION MUST BE COMPLETED IF REQUEST IS NOT SUBMITTED BY CWA INTERNATIONAL REPRESENTATIVE:

I _____ authorize _____ to obtain
(EMPLOYEE NAME) (NAME OF LOCAL REPRESENTATIVE)

copies of the documents in my personnel file described above for use in connection with
Grievance#: _____.

EMPLOYEE SIGNATURE: _____ DATE: _____

FOR MANAGEMENT USE ONLY

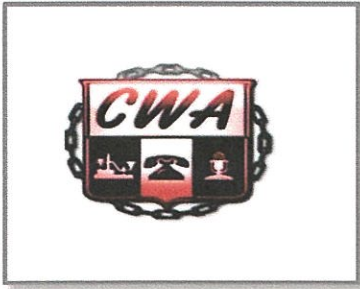
_____ Date Forwarded/Provided to Union

_____ Number of Pages Copied

Original – Personnel File Copy (Retention Period Six (6) Years

Copy 2 – Director – Labor Relations Copy (Sent: _____)

Copy 3 – Union Copy



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CWA MEDICAL RECORDS REVIEW AND RELEASE FORM

I, _____ the undersigned, do hereby grant permission for all authorized Union Representatives to examine, review and obtain copies of any and all portions of my medical records maintained by the Company which are necessary to resolve an issue or process a grievance on my behalf.

I understand that information and discussions pertaining to these records or copies will be held in strict confidence unless otherwise stated by me.

SIGNED: _____

DATE: _____