



STATEMENT OF OCCURRENCE

LOCAL 4603

NAME:	_____
ADDRESS:	_____
PHONE:	(Home) _____ (Work) _____
WORK LOCATION:	_____
DEPARTMENT:	_____ TITLE: _____
SUPERVISOR:	_____

The following is a statement of what happened to me on _____
(month/day/year)

Signed _____

I hereby give consent to the inspection by any authorized Union representative of any records kept by the Company 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 _____