Statement of Occurrence
Local 2006

Name _____SSN#___-__-____
Home Address _____
_____
Work Address _____
_____
Home Phone or Cell _____Work #_____
Department and Title _____Seniority Date __/__/__
Supervisor _____ Phone# _____

State where, when and what happened _____

I hereby give consent to the inspection by any authorized Union representative of any and all records kept by the company which may affect the condition of my employment and release copies to the Union. This authorization is given ion accordance with the existing agreement between the Union and the Company
Date _____ Signature _____