Communications
Workers of America
Local 2108 AFL-CIO
4301 Garden City Drive
Landover, Maryland 20785

Office Phone 301-459-2108
Toll Free 1-800-427-2108
Fax 301-459-1859
www.cwalocal2108.org

STATEMENT OF OCCURRENCE

NAME _____

SOCIAL SECURITY NO. _____ BENEFIT DATE _____

HOME ADDRESS _____

EMPLOYER _____ E-MAIL ADDRESS _____

WORK LOCATION _____

HOME TEL. # _____ WORK TEL. # _____

DEPARTMENT _____ JOB TITLE _____

SUPERVISOR _____ SUPERVISOR TEL. # _____

SIGNATURE _____

THE FOLLOWING IS A STATEMENT OF WHAT HAPPENED ON (DATE) _____

(PLEASE STATE YOUR REQUESTED REMEDY TO SETTLE THIS GRIEVANCE/ISSUE.)

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