



**Communications
Workers of America**
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STATEMENT OF OCCURRENCE

NAME: _____

HOME ADDRESS: _____

SOCIAL SECURITY NO: _____ **BENEFIT DATE:** _____

EMPLOYER: _____ **PERSONAL E-MAIL:** _____

WORK LOCATION: _____

HOME TEL: _____ **WORK TEL:** _____

DEPARTMENT: _____ **JOB TITLE:** _____

SUPERVISOR: _____ **SUPERVISOR TEL. #:** _____

SIGNATURE: _____

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

