LOCAL 6372 MISSOURI / KANSAS

 *(Affiliated with AFL-ClO)*

**Statement of Occurrence**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Title |  | NCS |  |
| Home Address |  |
| Work Phone |  | Home Phone |  | Cell/Pager |  |
| Work Location |  | Floor/Dept |  |
| Manager Name |  | Manager Phone |  |

|  |
| --- |
|  |

 The following is a statement of what happened to me on

I herby give consent to the inspection of any records kept by the employer, which may affect the conditions of my employment, by any authorized union representative. This authorization is given in accordance with the existing agreement between union and the employer.

|  |  |  |
| --- | --- | --- |
|  | Signed |  |
| Steward |  | Date |  | Grievance Number |  |
| Grievance Occcurred Date |  | Location |  |

Notes continued from page 1