



Local 3204

YP REQUEST FOR RECORDS

EMPLOYEE NAME: _____ **JOB TITLE:** _____

In order to process this grievance, we need the following records. Please understand that we have time limits on processing grievances, therefore we need these records provided as soon as possible.

- All B-form / Dicipinary entries.**
- All employee attendance reports (Via ETIME / ADP).**
- Overtime preference list.**
- Seniority List for workgroup.**
- Any / All Dispute Forms** _____.
- Copy of Company Policy Violated as well as how and when employee was covered.**
- Training and Coaching Records for** _____.
- Security Investigation including All notes / witness statements / etc.**
- Copy of Any/All documents, notes, correspondence, emails, etc regarding** _____
_____.
- STARS Report, SIEGEL Report, OLSM Report from** _____ **to** _____.
- OTHER:** _____

I hereby give consent to the inspection by any authorized CWA Union Representative of any records kept by the Company which may affect the conditions of my employment, which may include security reports, medical records or opinions, police reports, court records or reports, or any other information which may be relevant and necessary to allow the Union to protect my rights under the Working Agreement between the Union and the Company. This authorization is given in sccordance with the existing agreement between the Union and the Company.

SIGNED: _____ **DATE:** _____