

Name:	Title:	NCS:/
	Home Phone:	
Work Location:	Floor/ De	ept.:
Manager Name:	Mgr Pho	one:
The following is a statement	ent of what happened to me on//	
	_	
	pection of any records kept by the employer, which may ative. This authorization is given in accordance with the	e existing agreement between union and the
	Signed	
Steward:	Date://_ Grievand	ce Number:
Grievance Occurred:		

Location

Date

Continued from Page 1

If needed attach additional pages to back.

This section to be filled out by your Union Representative.

Union's Statement of what happened:
Specific Basis of Grievance or Article(s) of contract involved:
Company's Position:
Proposed Settlement:



Local 6360

Release of Personal and/or Medical Records

I,, the undersigned	ed, do hereby grant permission for all Union	
Representatives involved to examine, review, an	nd obtain copies when necessary, of any and all	
portions of my personal and/or medical records	maintained by the Company, which are	
necessary to process a grievance on my behalf.		
I understand all information and discussions of a	a personal nature pertaining to these records or	
copies of same will be held in strict confidence unless otherwise stated by me.		
SIGNED:	DATE:	



Local 6360 Request for Information

Grievant Name:

To whom it may Concern,	
As the exclusive collective bargaining representati grievance captioned above, we request that you prothe processing of this case. This information is absorbed the case by the Union, and any refusal to provide the Unions ability to resolve this grievance.	ovide the following information for our use in solutely essential to an intelligent handling of
The specific information you are requested to produce such information within (5) days:	luce is stated below, and you are requested to
1.	
2.	
3.	
4.	
5.	
Name:	Date: