



Communications Workers of America

Local 3102

CWA Records Request Form

Company Representative: _____ Sign: _____

Records requested by: _____ Date: _____ 10 Days on: _____

Grievant's name: _____ Received on: _____

The Union requests the following information relevant to above named grievant:

CPSG records (including cover sheet)

- ___ Service Records
- ___ Accident Records
- ___ Attendance Reports
- ___ Training Records
- ___ Evaluations
- ___ B-Forms
 - ___ Misconduct
 - ___ Attendance
 - ___ Safety
 - ___ Job Performance
 - ___ Other

Safety

- ___ Accident Investigation
- ___ Safety Inspections
- ___ Safety Practice in Question
- ___ Safety Coverage's
- ___ Witness Statements
- ___ Unit Comparison with Corresponding Discipline

Job Performance

- ___ Monthly Report Cards
 - Dates: _____
- ___ Daily Overtime Report
 - Dates: _____
- ___ Tally Sheets
 - Dates: _____
- ___ Job Edit History
 - Dates: _____
- ___ DATH Report (repeats)
 - Dates: _____
- ___ Agent Activity Report
 - Dates: _____
- ___ Adherence Report
 - Dates: _____
- ___ Unit Comparison with Corresponding Discipline

Misconduct / Overtime

- ___ Company Practice in Question
- ___ Security Investigation
- ___ Overtime Equalization Reports

Other: _____

___ Grievant release signature attached

The Union reserves the right to request further information



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