

Communications Workers of America Local 3105, AFL-CIO

CWA Records Request Form

Company Representative:	S	Sign:	
Records requested by:	Date:	10 Days on:	
Grievant's name:	Received on:		
The Union requests the following information	on relevant to ab	oove named grievant:	
CPSG records (including cover sheet)	Job	Performance	
Service Records Accident Records Attendance Reports Training Records Evaluations B-Forms Misconduct Attendance Safety Other Accident Investigation Safety Inspections Safety Practice in Question		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	
☐ Safety Coverage's ☐ Witness Statements ☐ Unit Comparison with Corresponding Disciplin	ne 🔲	Company Practice in Question Security Investigation Overtime Equalization Reports	
Other:			
Grievant release signature attached			