Communications
Workers of America
Local 2108
10782 Rhode Island Avenue
Beltsville, Maryland 20705

Office Phone 301-595-2108
Fax 301-595-2412
www.cwalocal2108.org

STATEMENT OF OCCURRENCE

NAME: _____

HOME ADDRESS: _____

SOCIAL SECURITY NO: _____ **BENEFIT DATE:** _____

EMPLOYER: _____ **PERSONAL E-MAIL:** _____

WORK LOCATION: _____

HOME TEL: _____ **WORK TEL:** _____

DEPARTMENT: _____ **JOB TITLE:** _____

SUPERVISOR: _____ **SUPERVISOR TEL. #:** _____

SIGNATURE: _____

THE FOLLOWING IS A STATEMENT OF WHAT HAPPENED ON (DATE): _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(Use Reverse if Necessary)