



**COMMUNICATIONS WORKERS OF AMERICA
LOCAL 3710**

5 CENTURY DR. STE. 240 GREENVILLE, SC 29607



EMPLOYEE GRIEVANCE REQUEST

Name: _____

Employee ID: _____

Date: _____

Job Title: _____

What Division of AT&T are you Employed by?

Seniority Date: _____

Landline Network Babco Mobility

Rate of Pay: _____

Work Location: _____

Supervisor Name: _____

Supervisor Phone #: _____

Home Address: _____

Home Phone#: _____

Cell Phone#: _____

Email Address: _____

Grievance Issue:

Contract Articles Violated: _____

Article Section(if needed): _____

Employee Statement:

(Use Additional pages if necessary)

Release of personal and/ or Medical Records

I, _____, the undersigned, do hereby grant permission for all union representatives involved to examine, review and obtain copies when necessary, of any and all portions of my personal and/or medical records by the company, which are necessary to process a grievance in my behalf..

I understand all information and discussions of a personal nature pertain to these records or copies of the same will be held in strict confidence unless otherwise stated by me.

Signed: _____

Date: _____