

*Communications Workers of America, Local 3371
Ashland, Kentucky*

Company Name _____

OFFICIAL PERSONNEL RECORDS REQUEST

I do hereby request to:

_____ Give consent to any authorized Union Representative to the inspection of any records kept by The Company which may affect the conditions of my employment.

_____ View my local personnel file kept my Supervisor.

_____ Make copies of requested records: _____ FMLA _____ Medical Records

_____ Obtain true complete copies of my personnel file kept by the company. This information is to be provided to me and/or an authorized Union Representative within 7 to 10 days per the grievance settlement.

_____ Other records requested are the following:

Request is submitted by CWA, Local 3371 on this date of _____.

(Member's Signature)

(Date)