Records Request Form

Date:

TO:

 (Name and title of Supervisor)

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name and Title of Union representative) Telephone Number

Pursuant to the provisions of the Negotiated Agreement between the parties, the information listed below is hereby requested to be furnished by

 (Date)

2.

3.

This request is made without prejudice to the union’s right to file subsequent request. If any part of this request is currently not available, please provide the outstanding items as soon as possible. The union will accept information that the employer provides without prejudice to the union’s position, that it is entitled to all information as called for in this request.

For records which may require the Employee’s release

I hereby authorize the release of my records to the Communications Workers of America

 Employee’s Signature Date