AFSCME WITNESS STATEMENT (UNION USE ONLY)

1. I am employed by:		
2. I was hired on (date):		
3. My classification is:		
4. I have worked in this classification for years.		
5. My hourly rate of pay is:		
6. Prior to working in my current classification, I worked in the following classifications:		
7. The address of my work location is:		
8. My work phone number is:		
9. My immediate supervisor is: wh	ose	
classification is:		
10. My home address is:		
11. My home phone number is:		
12. The following is my statement written this day of		

A. When did the events take place?
B. Who was involved? Please identify each individual by name and classification if possible.
C. What happened? Please include all details of incident or issue including location, time of day, an explanation of your position in the case and any other information you believe is relevant. SIGN AND DATE THE COMPLETED STATEMENT.

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Signature:	Date:
Printed Name:	
Witness Statement No:	_