

# Communications



# Workers of America

**District I:** Santa Clara, San Mateo,  
Santa Cruz Counties

**District II:** San Benito, Monterey,  
San Luis Obispo Counties

LOCAL 9423 - AFL-CIO  
2015 NAGLEE AVE SAN JOSE CA 95128  
OFFICE (408) 278-9423  
FAX (408) 280-5942



**TO:**

**FROM:**

**DATE:**

**GRIEVANCE #:**

**NOTIFICATION:** Informal: \_\_\_\_\_ Step I \_\_\_\_\_

The Union demands to bargain and/or present a grievance on the subject(s) of: (Contract Article(s))

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The Union request the production of documents, records and/or other information necessary for the adequate representation of bargaining unit members or to effectively investigate and prosecute a grievance. Union's request for information includes but is not limited to:

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Union does not intend to waive its right to bargain on above-noted subject(s) and insists that any related change in working conditions be deferred until the Union has received all such requested information, reviewed same and had the opportunity to bargain on all issues raised.

\_\_\_\_\_ is designated by the Union to receive all information requested and to meet on the issue(s) noted. Any change of designated representative will be communicated in writing.

**CC:**

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**DATE:**

**MANAGER:**

**STEWARD:**

**GRIEVANCE:**

Communications Workers of America Local 9423 has filed a grievance on the behalf of our member. Per Article **7.06** – “Sharing Information” of the current bargained contract. Both parties, The Company and The Union will share facts deemed relevant to the grievance by either party. Please provide any and all information The Company used to determine the action taken, including but not limited to:

- |   |   |
|---|---|
| <input type="checkbox"/> Employee Personal File     | <input type="checkbox"/> Evaluations                              |
| <input type="checkbox"/> Witness Names and Contact  | <input type="checkbox"/> Time Sheets (Date[s]) _____              |
| <input type="checkbox"/> Disciplinary Documentation | <input type="checkbox"/> Work Load Record (Date[s]) _____         |
| <input type="checkbox"/> Meeting Notes              | <input type="checkbox"/> Past Commendations                       |
| <input type="checkbox"/> Attendance Records         | <input type="checkbox"/> Customer Surveys                         |
| <input type="checkbox"/> Relevant Company Policies  | <input type="checkbox"/> Accident Investigation Notes             |
| <input type="checkbox"/> Any Medical Records        | <input type="checkbox"/> You Doc and/or Web-Ad Documentation      |
| <input type="checkbox"/> Audio or Video Tapes       | <input type="checkbox"/> Investigatory Notes and/or Documentation |

Additional Request:

Please provide the following request of information by: \_\_\_\_\_

Please contact me with any questions or clarifications at: \_\_\_\_\_

**Thank you**

**CWA Local 9423 Union Steward**