

**COMMUNICATIONS WORKERS OF AMERICA LOCAL 7603**

AFL-CIO, CLC, CWA District 7  
713 Ralstin Street  
Meridian, Idaho 83634  
Phone (208) 336-7603  
Fax (208) 336-0937  
E-mail: office@cwa7603.org



First and Last Name:

Mailing and Physical Address:

City: State: Zip Code:  
Home Telephone : Cell Phone:  
E-mail address (not your work one, please):  
TOE or NCS Date: CWA Member Number:  
I would like to be contacted by: E-mail Hand Delivery Regular Postal Mail (Choose Preference)

I was disciplined on: by manager(s)  
The Steward present at my request was:  
The stated reason for the discipline was:  
and I was administered a that expires on

**I authorize CWA to grieve this action**, and I release all of my personnel and work records, files and other necessary documentation to CWA in support of this grievance, and will provide a medical records release if necessary to pursue this grievance. I authorize CWA to contact me as selected above, and to make decisions that CWA deems fit and proper after a complete review of the grievance file and a thorough examination of all the evidence made available to support this grievance.

Signature: (I will provide a statement below, and use the back if necessary.)

**I do not wish to file a grievance on this discipline.** I understand that I only have 30 days in which to file a grievance, and that if I miss this deadline that I do not have a valid standing to file a grievance on this discipline in the future. By making this statement of my desire to a CWA Steward or Officer not to file a grievance on my behalf, I hold harmless and indemnify the Communications Workers of America and it's Officers, Stewards and Representatives from any action or effect arising from my decision and statement of that decision. In the event that I change my decision and wish to file a grievance, I will notify a CWA Steward or Officer in writing with enough time for CWA to perform the necessary steps and meet the 30 day deadline.

Signature: