

Bargaining Unit Work Violation Statement

I have witnessed or informed by other employees or suspect the following violation on,

Date: _____, Management Official Name: _____

_____.

Time from: _____ To: _____, AM or PM, Total Hours: _____

Date: _____, Management Official Name: _____

_____.

Time from: _____ To: _____, AM or PM, Total Hours: _____

Date: _____, Management Official Name: _____

_____.

Time from: _____ To: _____, AM or PM, Total Hours: _____

Date: _____, Management Official Name: _____

_____.

Time from: _____ To: _____, AM or PM, Total Hours: _____

Employee: _____, Facility/Station: _____
(Printed Name)

Employee: _____, Date: _____
(Signature)