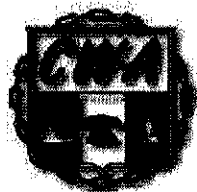


*Communications Workers
of America, AFL-CIO*



LOCAL 1400
155 WEST ROAD
PORTSMOUTH, NEW HAMPSHIRE 03801
PHONE (603) 436-4388 FAX (603) 436-2962

Attendance Grievance Number Application

Representative Name _____

Representative TN _____

Representative E-mail _____

Step & Date of Discipline _____

Date of Absence _____

Length of Absence _____

Denial Reason ARC/NBH

- _____ No forms
- _____ No forms but sent by rep with Fax Receipt or Dr Stamp
- _____ Not a Serious Health Condition
- _____ Incomplete Forms
- _____ Admin Review Requested

Denial Reason Met Life

- _____ No Medical Received
- _____ Medical Does Not Support

Doctors Note

- _____ Requested
- _____ Received
- _____ Paid
- _____ Unpaid

Office _____ **Steward** _____

This form must be faxed on day of discipline 603 436 2962