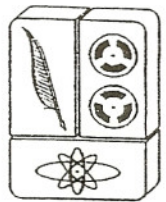


Office & Professional Employees *International Union, AFL-CIO-CLC*

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Local 30



FACT FINDING SHEET

MEMBER'S NAME _____	TODAY'S DATE & TIME _____
DEPT./LOCATION _____	YEARS OF SERVICE _____
DATE OF INCIDENT _____	STEWARD'S NAME _____

EMPLOYER'S FACTS: _____

EMPLOYEE'S STATEMENT: _____

Visit us at www.LOCAL30.org

WITNESSES OR OTHER PARTIES INVOLVED: _____

WRITTEN STATEMENTS: _____

QUESTIONS:
IF ATTENDANCE ISSUE: FMLA? MORE THAN 1/2 SHIFT WORKED IS NOT AN OCCURRENCE.

IS THERE A DEPARTMENT POLICY, PROCEDURE? _____

IS THERE PAST PRACTICE? _____

