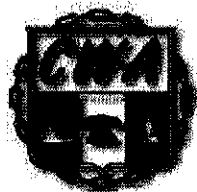


*Communications Workers  
of America, AFL-CIO*



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**