Communications Workers of America, AFL-CIO

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

WITHDRAWAL CONSENT

I, _____ agree to withdraw without
Grievant Name

prejudice grievance number _____.

_____ _____
Grievant Signature **Date**

_____ _____
Steward/DVP Signature **Date**

_____ _____
grievant e-mail **grievant contact number**