

LEHIGH VALLEY AREA LOCAL, APWU

P. O. B o x 2 2 1 2 2 , L e h i g h V a l l e y , P A 1 8 0 0 2

Supervisor / Postmaster Performing Bargaining Unit Work

Witness Statement

On _____, at the _____ Post Office _____
(date) (office) (name of Postmaster / Supervisor / OIC / or 204b)

performed bargaining-unit work for approximately _____ minutes / hours.
(duration)

Describe the nature of the work being performed: *(use the back if necessary)*

Additional comments:

Other persons who may have witnessed the violation:

- a)
- b)
- c)
- d)

(your name)

(office)

(date)

[after completing this form forward it to your APWU representative]