Teamsters Local 767

PROTEST FORM FOR WARNING LETTER

PLEASE FAX TO 817-429-0147 WITHIN 10 DAYS

EMPLOYEE NAME: _____

SOCIAL SECURITY #: (last 4) _____

PHONE #: _____

EMPLOYEE ID #: _____

BUILDING: _____

CENTER/SORT: _____

DATE RECEIVED/MTG: _____

PRESENT AT MEETING: _____

PLEASE GIVE A DESCRIPTION AND REASON FOR FILING THIS PROTEST:

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