Coast Federation of Classified Employees
Employee Issue Form

Name_____ Date_____

Current Job Title_____ ☐ CCC ☐ DIST ☐ GWC ☐ OCC

Work Phone/Extension_____ Cell Phone: _____

Personal e-mail_____ Work e-mail _____

Contract Violation (please provide article #) _____

Please briefly describe the issues/concerns that are occurring with you on the job and include a detailed timeline of what has happened.

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Received by CFCE Representative Date