



**TIME EXTENSION FORM**

DATE: \_\_\_\_\_

GRIEVANCE NUMBER: \_\_\_\_\_

CWA LOCAL: \_\_\_\_\_

STEP (1) \_\_\_\_ (CHECK ONE)  
(2) \_\_\_\_  
(3) \_\_\_\_

**REASON AND LENGTH OF EXTENSION**

SIGNED:

\_\_\_\_\_  
UNION REPRESENTATIVE

\_\_\_\_\_  
COMPANY REPRESENTATIVE

**THIS FORM, IF USED, MUST BE ATTACHED TO THE GRIEVANCE FORM**