STA		USE ADDITIONAL PAGES FOR ANY SECTION OF THIS FORM, IF NECESSARY					
NAME OF EMPLOYEE					OFFICE TEI		
OFFICE LOCATION			POSITION		GRADE		
REPRESENTED BY ☐ SELF ☐ UNION] SELF				REP TELEPHONE		
DESCRIPTION OF GRIEV	ANCE. WHAT A	RTICLE(S) OF	THE AGREEN	MENT ARE INVOLVE	0?		
RELIEF SOUGHT							
I hereby authorize my repre may be related to the grieve		amine any appi	ropriate official	document, personnel	record, or me	edical information which	
EMPLOYEE SIGNATURE				DATE			
		ST	EP 1 SUBMI	ΓΤΕD			
SUPERVISOR		TELEPHONE		ORAL PRESENTATION REQUESTED YES NO	DATE REC	CEIVED	

				NAME	OF E	//PLOYEE						
DISPOSITION OF												
STEP 1 DECISION BY												
TITLE		SIGNATU	IRE					DA	TE			
DECISION (enter disposition summary here												
RECEIPT ACKNOWLEDGED BY							DATE					
EMPLOYEE OR												
UNION REPRESENTATIVE												
		NEXT STEP	OF	RAL PRES		ION REQU	ESTED		☐ PHOTOCOPY TO UN	ION		
	NAME				LOC	ATION		TEL	EPHONE			
STEP 2 OFFICIAL												
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TITLE		SIGNATUI		-0.0.0.				DA	TE			
PERSON SERVED								DA	TE			
		☐ MAI			DIRE	CT						
DECISION (enter disposition summary here	and check bl	lock if narrative	attached)									
RECEIPT ACKNOWLEDGED BY								DA	TE			
EMPLOYEE OR												
UNION REPRESENTATIVE GRIEVANCE RESOLVED F	PROCEED.	TO NEXT ST	EP 🗆	I ORAL F	PRESEN	ITATION RE	FOLIESTE	- D	☐ PHOTOCOPY TO UN	JION .		
<u> </u>	NAME	TO NEXT OF		OIVALI	LOCA		LQULUIL		ELEPHONE	11011		
STEP 3 OFFICIAL									-			
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2 20101011 (enter disposition community note	and oneon b	ioon ii riarrativo	u	_								
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RECEIPT ACKNOWLEDGED BY EMPLOYEE OR								10/	ATE			
UNION REPRESENTATIVE												
☐ GRIEVANCE RESOLVED ☐ YES ☐)				PHOTOCOPY TO U	JNION		
FOR LABOR AND EMPLOYEE RELATIONS ST	TAFF USE _		GRIEVAN	ICE CODE	:	DISPOSI	TION:		DISPOSITION LEVEL:			
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