

STANDARD GRIEVANCE FORM

USE ADDITIONAL PAGES
FOR ANY SECTION OF THIS
FORM, IF NECESSARY

NAME OF EMPLOYEE		OFFICE TELEPHONE
OFFICE LOCATION	POSITION	GRADE
REPRESENTED BY <input type="checkbox"/> SELF <input type="checkbox"/> UNION	REPRESENTATIVE NAME	REP TELEPHONE

DESCRIPTION OF GRIEVANCE. WHAT ARTICLE(S) OF THE AGREEMENT ARE INVOLVED?

RELIEF SOUGHT

I hereby authorize my representative to examine any appropriate official document, personnel record, or medical information which may be related to the grievance.

EMPLOYEE SIGNATURE	DATE
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STEP 1 SUBMITTED

SUPERVISOR	TELEPHONE	ORAL PRESENTATION REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE RECEIVED
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DISPOSITION OF GRIEVANCE		NAME OF EMPLOYEE			
STEP 1 DECISION BY					
TITLE		SIGNATURE		DATE	
DECISION (enter disposition summary here and check block if narrative attached) <input type="checkbox"/>					
RECEIPT ACKNOWLEDGED BY EMPLOYEE OR UNION REPRESENTATIVE				DATE	
<input type="checkbox"/> GRIEVANCE RESOLVED <input type="checkbox"/> PROCEED TO NEXT STEP <input type="checkbox"/> ORAL PRESENTATION REQUESTED <input type="checkbox"/> PHOTOCOPY TO UNION					
AS NEEDED DISIGNATATE STEP 2 OFFICIAL →		NAME		LOCATION	TELEPHONE
STEP 2 DECISION BY					
TITLE		SIGNATURE		DATE	
PERSON SERVED		<input type="checkbox"/> MAIL <input type="checkbox"/> DIRECT		DATE	
DECISION (enter disposition summary here and check block if narrative attached) <input type="checkbox"/>					
RECEIPT ACKNOWLEDGED BY EMPLOYEE OR UNION REPRESENTATIVE				DATE	
<input type="checkbox"/> GRIEVANCE RESOLVED <input type="checkbox"/> PROCEED TO NEXT STEP <input type="checkbox"/> ORAL PRESENTATION REQUESTED <input type="checkbox"/> PHOTOCOPY TO UNION					
AS NEEDED DISIGNATATE STEP 3 OFFICIAL →		NAME		LOCATION	TELEPHONE
STEP 3 DECISION BY					
TITLE		SIGNATURE		DATE	
PERSON SERVED		<input type="checkbox"/> MAIL <input type="checkbox"/> DIRECT		DATE	
DECISION (enter disposition summary here and check block if narrative attached) <input type="checkbox"/>					
RECEIPT ACKNOWLEDGED BY EMPLOYEE OR UNION REPRESENTATIVE				DATE	
<input type="checkbox"/> GRIEVANCE RESOLVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PHOTOCOPY TO UNION					
FOR LABOR AND EMPLOYEE RELATIONS STAFF USE →		GRIEVANCE CODE:	DISPOSITION:	DISPOSITION LEVEL:	