

OFFICIAL PASSENGER SERVICE GRIEVANCE FORM

		#	YEAR:
EMPLOYEE NAME	EMPLOYEE NO.	CLASSIFICATION	LOCATION

ARTICLE OF CONTRACT VIOLATED:

STATEMENT OF GRIEVANCE:

DATE GRIEVANCE EVENT OCCURRED

DATE FILED

DATE RECEIVED BY MGMT

MANAGER'S NAME

REMEDY REQUESTED:

I authorize my union to examine my employee file relevant to this grievance.

SIGNATURE (EMPLOYEE):

STEWARD (PRINT):

STEP ONE DECISION:

DATE ISSUED BY MGMT

DATE RECEIVED BY UNION

SIGNATURE (MGMT REPRESENTATIVE):

SIGNATURE (UNION REPRESENTATIVE):

PRINT NAME (MGMT REPRESENTATIVE):

PRINT NAME (UNION REPRESENTATIVE):

STEP ONE:

ACCEPTED

APPEALED/HEARING REQUEST

DATE FILED BY UNION

DATE RECEIVED BY MGMT

STEP TWO DECISION:

DATE ISSUED BY MGMT

DATE RECEIVED BY UNION

SIGNATURE (MGMT REPRESENTATIVE):

SIGNATURE (UNION REPRESENTATIVE):

PRINT NAME (MGMT REPRESENTATIVE):

PRINT NAME (UNION REPRESENTATIVE):

STEP TWO:

APPEALED

ACCEPTED

DATE FILED BY UNION

DATE RECEIVED BY UNION