

REQUEST FOR FORMAL GRIEVANCE MEETING

1. Name of Grievant(s):

2. Date of Informal Meeting with Management:

3. Company Representative(s) in Attendance:

(Note spokesman with a ✓)

4. Union Representative(s) in Attendance:

5. Grievant(s) in Attendance:

6. Issue Involved: (As well as Contract Section Involved)

7. Date Grievance Occurred: _____

8. Meeting Requested: _____ Date: _____

Time: _____ Place: _____

9. Union Representative who will attend: _____

10. Grievant(s) who will attend : _____

11. Reply to Request should be directed to:

Name: _____ Address: _____

12. Additonal Information Relevant to Grievance: _____

13. Reply to request should be directed to:

Name: _____ (Signature)

Address: _____

_____ (Date)

Note: This form must be filled out with the operations Manager with in (14) days following the Informal meeting.

TO BE COMPLETED BY JOB STEWARD

TO BE COMPLETED BY LOCAL
PRESIDENT OR HIS DESIGNEE

