Local 848 Unit 8550-00

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Official Grievance Form

Date: Name of Employee: Address: Home Phone: Department:			
Classification: Work Location: Immediate Supervisor: Title:			
VIOLATION			
Entire Agreement, including but not limited to Contract Article(s): and Section(s)			
Statement of Grievance :			
Remedy Sought : That all affected employees be made whole in every way and that management immediately			
I authorize the CSEA Local 848 as my representative to act for me in the disposition of this grievance. Date: Signature of Employee:			
Signature of Union Representative:			
Signature of President:			
Date presented to Management Representative:			
Signature: Title:			

Step One Disposition:		
Signature:	Date:	
Step Two Disposition:		
Signature:	Date:	
Step Three Disposition:		
Signature:	Date:	