

GRIEVANCE TRACKING FORM

The GRIEVANCE INFORMATION and STEP A INFORMATION portions of this form must be filled out when the union appeals it's grievance to STEP A. IT IS THE FORMAL STEP A REPRESENTATIVES RESPONSIBILITY TO SECURE A GATS CASE NUMBER for the grievance. In order to do that, FAX this form, with your portion completed, to DISTRICT LABOR at (513) 684- 5393 immediately upon the grievance's appeal to FORMAL A. Your case will entered into GATS & this form will be returned to you with the GATS number. This form must be included in your case file.

GRIEVANCE INFORMATION	
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INCIDENT DATE-

OFFICE FINANCE # -

<u>GRIEVANT'S NAME</u>	<u>EMPLOYEE ID # -</u>
<u>BRANCH GRIEVANCE # -</u>	<u>APPEAL RECEIVED DATE -</u>
<u>ARTICLE(S) CITED -</u>	<u>ISSUE(S)*</u>

STEP A INFORMATION	
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<u>INFORMAL UNION REP</u>	<u>INFORMAL MGMNT REP</u>
<u>FORMAL UNION REP</u>	<u>FORMAL MGMNT REP</u>
<small>(printed Last, First, M I)</small>	<small>(printed Last, First, M I)</small>
<u>STATION / BRANCH NAME-</u>	<u>STATION or BRANCH NAME-</u>
<u>ADDRESS</u>	<u>ADDRESS</u>
<u>CITY</u>	<u>CITY</u>
<u>STATE</u>	<u>STATE</u>
<u>ZIP+4</u>	<u>ZIP+4</u>
<u>PHONE #</u>	<u>PHONE #</u>
	<u>FAX #</u>

FOR DISTRICT LABOR OFFICE USE ONLY	
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<u>GATS CASE NUMBER:</u>	<u>DATE FORMAL A CONTACTED LABOR FOR GATS NUMBER:</u>
<u>GATS INPUT MADE BY:</u>	<u>DATE CASE ENTERED INTO GATS:</u>
<small>(printed Last, First, M I)</small>	

* Issue Examples – LOW, & Day Suspension, 14 Day Suspension, Removal, Letter of Demand, Overtime, Leave, Safety, Light Duty, Holiday, etc...