

OFFICIAL PASSENGER SERVICE GRIEVANCE FORM

#	YEAR:
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EMPLOYEE NAME	EMPLOYEE NO.	CLASSIFICATION	LOCATION
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STATEMENT OF GRIEVANCE:

DATE GRIEVANCE EVENT OCCURRED DATE FILED

DATE RECEIVED BY MGMT MANAGER'S NAME

I authorize the **Airline Passenger Service Employee Association IBT + CWA** to examine my employee files relevant to this grievance.

SIGNATURE (EMPLOYEE): _____ STEWARD (PRINT): _____

STEP ONE DECISION: DATE ISSUED BY MGMT DATE RECEIVED BY APSEA

SIGNATURE (MGMT REPRESENTATIVE): _____ SIGNATURE (APSEA REPRESENTATIVE): _____

STEP ONE: APPEALED DATE FILED BY APSEA DATE RECEIVED BY MGMT

ACCEPTED

STEP TWO DECISION: DATE ISSUED BY MGMT DATE RECEIVED BY APSEA

SIGNATURE (MGMT REPRESENTATIVE): _____ SIGNATURE (APSEA REPRESENTATIVE): _____

STEP TWO: APPEALED DATE FILED BY APSEA DATE RECEIVED BY MGMT

ACCEPTED

STEP THREE DECISION: DATE ISSUED BY MGMT DATE RECEIVED BY APSEA

SIGNATURE (MGMT REPRESENTATIVE): _____ SIGNATURE (APSEA REPRESENTATIVE): _____

AT EACH STEP PROVIDE A COPY TO MANAGEMENT, THE GRIEVANT, AND TO APSEA.