

610 S. Industrial Blvd., Suite 255 Euless, Texas 76040 Phone: (817) 868-9933

www.cwa6001.org

## **Authorization to Withdraw Grievance**

Grievance Number	
Date	
Name:	
Department: Job Title:	
Date Grievance Filed:	
I,, hereby authorize the w	ithdrawal of the grievance
identified by the Grievance Number above. I understand that	by signing this form, I am
voluntarily choosing to discontinue any further action or proc grievance.	eedings related to this
I acknowledge that this decision is made of my own free will,	without any coercion or
undue influence, and that I have had the opportunity to discu	ss this matter with my union
representative before making this decision.	
Reason for Withdrawal: (Please check one or provide a brief explanation)	
The issue has been resolved to my satisfaction.	ž.
I no longer wish to pursue this grievance.	
Other:	
Member Acknowledgment	
I understand that once this grievance is withdrawn, it cannot be refiled or reopened. I also	
acknowledge that the union may not take any further action o	n this matter.
Member's Signature:  Date:	
Date	



## **Union Representative Confirmation**

I confirm that I have discussed the withdrawal of this grievance with the member named above and have ensured that the member understands the implications of this decision.

Union Representative's Name:
Union Representative's Signature:
Date:
Office Use Only
Date Received:
Received By:
Grievance Withdrawal Approved By:
Date of Approval:
Notes:
(For any additional information or follow-up required)
Retention:
This form should be retained in the member's file as part of the grievance record.

This form serves as the official record of the withdrawal of the grievance by the member. Once completed and signed by all parties, it should be submitted to the union office for processing.

