

OFFICIAL PASSENGER SERVICE GRIEVANCE FORM

#		YEAR:	
EMPLOYEE NAME	EMPLOYEE NO.	CLASSIFICATION	LOCATION
EMPLOYEE PHONE # _____		EMPLOYEE PERSONAL EMAIL _____	
ARTICLE OF CONTRACT VIOLATED:			
ORAL GIVEN TO _____		DATE _____	
STATEMENT OF GRIEVANCE:			
DATE GRIEVANCE EVENT OCCURRED	<input type="text"/>	DATE FILED	<input type="text"/>
DATE RECEIVED BY MGMT	<input type="text"/>	MANAGER'S NAME	<input type="text"/>

REMEDY REQUESTED:			
I authorize my union to examine my employee file relevant to this grievance.			
SIGNATURE (EMPLOYEE):		STEWARD (PRINT):	
STEP ONE DECISION:			
DATE ISSUED BY MGMT	<input type="text"/>	DATE RECEIVED BY UNION	<input type="text"/>

SIGNATURE (MGMT REPRESENTATIVE):		SIGNATURE (UNION REPRESENTATIVE):	
PRINT NAME (MGMT REPRESENTATIVE):		PRINT NAME (UNION REPRESENTATIVE):	
STEP ONE:	APPEALED <input type="checkbox"/>	DATE FILED BY UNION	<input type="text"/>
	ACCEPTED <input type="checkbox"/>	DATE RECEIVED BY UNION	<input type="text"/>
STEP TWO DECISION:			
DATE ISSUED BY MGMT	<input type="text"/>	DATE RECEIVED BY UNION	<input type="text"/>

SIGNATURE (MGMT REPRESENTATIVE):		SIGNATURE (UNION REPRESENTATIVE):	
PRINT NAME (MGMT REPRESENTATIVE):		PRINT NAME (UNION REPRESENTATIVE):	
STEP TWO:	APPEALED <input type="checkbox"/>	DATE FILED BY UNION	<input type="text"/>
	ACCEPTED <input type="checkbox"/>	DATE RECEIVED BY UNION	<input type="text"/>