

THIS SPACE FOR  
CWA STAFF OFFICE  
USE ONLY.

RECEIVED \_\_\_\_\_  
CARD \_\_\_\_\_  
FINAL DISPOSITION \_\_\_\_\_  
CODES \_\_\_\_\_

## Record of Grievance between Communications Workers of America and



Form 3G3A  
Front (2-83)

- BellSouth Telecommunications
- BellSouth Advertising and Publishing
- BellSouth Communications, Inc.
- BellSouth Corporate Headquarters
- BellSouth Communication Systems
- Other

Grievance Number

To be assigned by  
CWA State Office

<b>1. Grievance Occurred</b>	Date	Specific Location & State	
	Department	*Title Involved If Applicable	Local No.
<b>2. **Grieving Employee Or Work Group Involved</b>	Name of Employee or Work Group Address		Department
	Job Title	N.C.S. Date	Seniority Date
<b>3. Union's Statement of What Happened</b>	_____ _____ _____		
<b>4. Specific Basis of Grievance or Section of Contract Involved</b>	_____ _____ and other applicable sections, the true intent and meaning of each; and the failure of the Company to perform its obligations thereunder.		
<b>5. Date Grievance Filed</b>	Originated by: Union Representative		Date
<b>6. Company's Statement of What Happened</b>	_____ _____ _____		
<b>7. Proposed Disposition - Second Level</b>	_____ _____ _____ Signed: Company Representative <span style="float: right;">Date</span>		
<b>8. <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Appealed</b>	Signed: Union Representative		Date
<b>9. True Intent Question Exists: <input type="checkbox"/> Yes <input type="checkbox"/> No</b>	True Intent Question Exists: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signed: Union Representative	Date	Signed: Company Representative	Date
<b>10. Authorization to Inspect Personnel Record</b>	Furnished By: Union Representative Date	Received By: Company Representative Date	<b>11. Union First Requested Meeting - Second Level</b> Date
<b>12. Proposed Disposition - Third Level</b>	_____ _____ _____ Signed: Company Representative <span style="float: right;">Date</span>		
<b>13. <input type="checkbox"/> Accepted <input type="checkbox"/> Appealed to 4th level (SCB, SB only) [Applicable to contract interpretation only] <input type="checkbox"/> Rejected <input type="checkbox"/> Arbitration Requested (See Lines 16 &amp; 17)</b>	Signed: Union Representative		Date
<b>14. Proposed Disposition - Fourth Level</b>	_____ _____ _____ Signed: Company Representative <span style="float: right;">Date</span>		
<b>15. <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Arbitration Requested</b>	Signed: Union Representative		Date

PREPARE 5 COPIES