

REQUEST FOR FORMAL GRIEVANCE MEETING

1. Name of Grievant(s):

2. Date of Informal Meeting with Management:

3. Company Representative(s) in Attendance:

(Note Spokesman with a -,/)

4. Union Representative(s) in Attendance:

5. Grievant(s) in Attendance:

6. Issue Involved: (As well as Contract Section Involved)

7. Date Grievance Occurred: _____

PLEASE CONFIRM

8. Meeting Requested:

Date _____

Time _____ Place _____

9. Union Representative who will attend: _____

10. Grievant(s) who will attend: _____

11. Reply to Request should be directed to:

Name _____ Address _____

12. Additional Information Relevant to Grievance, _____

13. Reply to request should be directed to:

Name: _____ (Signature)

Address: _____

_____ (Date)

Note.- This form must be filed with the Operations Manager within fourteen (14) days following the Informal meeting

TO BE COMPLETED BY JOB STEWARD

TO BE COMPLETED BY LOCAL
PRESIDENT OR HIS DESIGNEE

