

CWA GRIEVANCE FORM FOR THE AVAYA BARGAINING UNIT

Local _____

Grievance Numbers:

Local _____ C&T _____ Company _____

Incident Date ____/____/____ Grievance filed ____/____/____

Grievant(s) Name(s) _____ SS# ____-____-____

Contractual Job Title _____ NCS Date ____/____/____

ORG _____ Rate of Pay/Wage Level \$ _____

Work Location _____ City/State _____

Work Phone # (____) _____ Home Phone # (____) _____

Steward _____ Work Phone # (____) _____

Contract Articles (if any) _____

Issue or Condition creating the grievance _____

Remedy Sought _____

<u>Date</u>	<u>Date</u>	<u>In Attendance</u>	<u>Date of</u>
<u>Meeting</u>	<u>Meeting</u>	<u>At Meeting</u>	<u>Company Written</u>
<u>Requested</u>	<u>Held</u>	<u>At Meeting</u>	<u>Response</u>
<u>Step 1</u> *		<u>Union</u>	<u>Company</u>
____/____/____	____/____/____	_____	_____
		_____	____/____/____

* Step 1 may be waived only by parties hearing Step 2 grievances (Art. 9.2).

<u>Step 2</u> *		<u>Union</u>	<u>Company</u>
____/____/____	____/____/____	_____	_____
		_____	____/____/____

* Step 2 may be waived only by parties hearing Step 3 grievances (Art. 9.2).

Step 3 Appeal notification sent to _____ on ____/____/____

Final Disposition _____

