



Grievance info sheet for Local 3204
Phone# (404)688-1256 Fax# (404) 688-6236

Grievance # _____ Grievance taken by _____

Grievant's name _____ Member Status (YES) (NO) SSN Last 4 _____

Date of occurrence ____/____/____ Date called/Fax'd ____/____/____

Grievant's Personal Info

Home address _____ City _____ State _____ Zip _____

Home# _____ Cell# _____ Work# _____

Personal email _____

Company info

At&t _____ DexYP _____ PM _____ Mobility _____ Avaya _____

Work location _____ Dept _____ Floor _____

Job title _____ Seniority date _____ Work hours _____

1st Level supervisor _____ UID _____ Phone# _____

2nd Level supervisor _____ UID _____ Phone# _____

3rd Level supervisor _____ UID _____ Phone# _____

Step of Discipline (60 days)

Counseling _____ Warning _____ LILO suspension _____ Suspension _____ Termination _____

Step of Discipline (MOBILITY ONLY-45 Days)

Invalid Coaching _____ Counseling _____ Written Warning _____ Final Written Warning _____ Termination _____

Attendance

FMLA _____ STD _____ Job Accomodation _____ NO _____

Nature of grievance

Local 3204 use only

Date of informal meeting ____/____/____ Date of formal meeting ____/____/____

Date 3G3R & 3G3A submitted ____/____/____

Date assigned to CVP ____/____/____ CVP assigned _____

Date assigned to steward ____/____/____ Steward assigned _____

I hereby give consent to the inspection by any authorized Union Representative of any records kept by the company which may affect to conditions of my employment including security reports, medical records, opinions, police reports, court records or reports, or any other information which may be relevant and necessary to allow the Union to protect my rights under the working agreement between the Union and the company.

This authorization is given in accordance with the existing agreement between the Union and the company.

Signed _____ Date ____/____/____

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