



Step _____ Grievance #: _____

OFFICIAL GRIEVANCE FORM

Name of Employee: _____ Department: _____
Classification: _____ Title: _____
Work Location: _____ Immediate Supervisor: _____

SECOND STEP

STATEMENT OF GRIEVANCE:

Section of Agreement Violated: _____

List applicable violation: _____

Adjustment required: _____

I authorize the AFSCME Local 1166 as my representative to act for me in the disposition of this grievance.

Date _____ Signature of Employee _____

Signature of Union Representative _____ Title _____

Date Presented to Management Representative _____

Signature _____ Title _____

Answer: _____

THIS STATEMENT OF GRIEVANCE IS TO BE MADE OUT IN TRIPLICATE. ALL THREE ARE TO BE SIGNED BY THE EMPLOYEE AND/OR THE AFSCME REPRESENTATIVE HANDLING THE CASE.

Original To: _____

Copy: _____ Human Resources

Copy: _____ Local Union Grievance File

NOTE: ONE COPY OF THIS GRIEVANCE AND ITS ANSWER TO BE KEPT IN GRIEVANCE FILE OF LOCAL UNION.

Disposition Satisfactory to Employee: Yes _____ No _____

THIRD STEP

Submitted to Review Committee

Employee Signature: _____ Date: _____

Answer by Review Committee to be submitted to the aggrieved employee in writing with a copy to the chief steward.