

**GRIEVANCE FORM  
UNION SUBMITTAL  
STEP NO. 2**

Union Grievance No.: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Name: \_\_\_\_\_ Payroll No.: \_\_\_\_\_ Source No.: \_\_\_\_\_ *In writing*

Job Classification: \_\_\_\_\_ Shift: \_\_\_\_\_ Building No.: \_\_\_\_\_ *Div. - Dept. - Sec.*

Supervisor: \_\_\_\_\_ Superintendent or Dept. Mgr.: \_\_\_\_\_

Check One:  Employee Grievance  General Grievance

Provide details of grievance specifying event(s); including date and place of occurrence and article(s) allegedly violated.

BARGAINING UNIT: Articles; , and all others Applicable.

- SETTLEMENT:**
- 1. Cease and Desist this Practice.
  - 2. Make The Employee(s) Whole For All Losses.
  - 3. Management To Adhere To The Collective Bargaining Agreement.

Employee Grievance:

\_\_\_\_\_  
*Employee's Signature*                      *Date*                      *Certified Steward's Signature*                      *Date*

General Grievance:

\_\_\_\_\_  
*Union Business Agent's Signature*                      *Date*

This section to be completed by the company:                      Company Grievance No.: \_\_\_\_\_

A. Signature of Receiving Superintendent/Employee Relations Representative \*

\_\_\_\_\_  
*Date Received*

B. Date(s) Step One Held: \_\_\_\_\_ Attendees: \_\_\_\_\_

\* Receipt of this form neither stipulates nor implies acceptability for processing, which is contractually determined by adherence to the terms and conditions of the Collective Bargaining Agreement.