

OFFICIAL PASSENGER SERVICE GRIEVANCE FORM

		#	YEAR:
EMPLOYEE NAME	EMPLOYEE NO.	CLASSIFICATION	LOCATION

ARTICLE OF CONTRACT VIOLATED:

STATEMENT OF GRIEVANCE:

DATE GRIEVANCE EVENT OCCURRED DATE FILED

DATE RECEIVED BY MGMT MANAGER'S NAME

REMEDY REQUESTED:

I authorize my union to examine my employee file relevant to this grievance.

SIGNATURE (EMPLOYEE): _____ STEWARD (PRINT): _____

STEP ONE DECISION: DATE ISSUED BY MGMT DATE RECEIVED BY UNION

SIGNATURE (MGMT REPRESENTATIVE):	SIGNATURE (UNION REPRESENTATIVE):
PRINT NAME (MGMT REPRESENTATIVE):	PRINT NAME (UNION REPRESENTATIVE):

STEP ONE: APPEALED DATE FILED BY UNION DATE RECEIVED BY UNION
ACCEPTED

STEP TWO DECISION: DATE ISSUED BY MGMT DATE RECEIVED BY UNION

SIGNATURE (MGMT REPRESENTATIVE):	SIGNATURE (UNION REPRESENTATIVE):
PRINT NAME (MGMT REPRESENTATIVE):	PRINT NAME (UNION REPRESENTATIVE):

STEP TWO: APPEALED DATE FILED BY UNION DATE RECEIVED BY UNION
ACCEPTED