Official Grievance Form - Step 1

Name of Employee (grievant) ___________________________ Classification ___________________________

Department and Work Location __________________________

Immediate Supervisor and Title __________________________

Statement of Grievance (Write the nature and the facts of the grievance: who, what, where, when, why)

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Contract Violations (List all Contract Articles and how they were violated)

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________________________________________________________________________

And all other applicable articles.

Remedy Sought (What employer action will resolve this grievance)

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________________________________________________________________________

Disposition of the Grievance (What happened)

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________________________________________________________________________

________________________________________________________________________

Signature of Union Representative ________________________ Date __________

Signature of Employee ___________________________ Date __________

Signature of Management Representative __________________ Date __________

This form is to be signed by the employee and/or the AFSCME representative handling the case. The grievant, by signing this form, acknowledges that the grievance is the property and responsibility of the union. The union will make all final decisions with respect to settlement or arbitration as the grievant’s exclusive representative. The grievant also acknowledges that the resolution of this grievance either by settlement or arbitration may act as an estoppel or waiver with respect to causes of action outside the grievance procedure.