

AFSCME LOCAL
GRIEVANCE #
STEP

AFSCME

In the public service

OFFICIAL GRIEVANCE FORM

NAME OF EMPLOYEE

DEPARTMENT

CLASSIFICATION

WORK LOCATION

IMMEDIATE SUPERVISOR

TITLE

STATEMENT OF GRIEVANCE:

List applicable violation:

Adjustment required:

I authorize the A.F.S.C.M.E Local 3144 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 _____

Disposition of Grievance: _____

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 TO:

COPY: LOCAL UNION GRIEVANCE FILE

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