## **CONTRACT INTERPRETATION GRIEVANCE FORM**

Grievance Number:		Date Submitt	ted:	
Union:	Union Representative:			
Employee:	Title:	Dept:	Pass:	
Employee's Mailing Add	dress:			
		Telephone Number:  Include area code  umber, Written Rule or Resolution of the Authority violated:		
	Number, Written Rule of Res		-	
Statement of Facts, in	nclude date(s) of occurrence:			
Remedy Sought:				
	E COMPLETED BY THE EMPLOYEE OR THE UN MUST BE SUBMITTED TO DEPARTMENT HEAD			
	COPY OF STEP I DECISION TO BE A	TTACHED TO THIS FOR	RM	
DATE		RECEIVED:		
RECEIVED		BY:		