

# CONTRACT INTERPRETATION GRIEVANCE FORM

Grievance Number:

Date Submitted: \_\_\_\_\_

Union: TWU Union Representative: \_\_\_\_\_

Employee: \_\_\_\_\_ Title: \_\_\_\_\_ Dept: \_\_\_\_\_ Pass#: \_\_\_\_\_

Employee's Mailing Address: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_  
include area code

Cite Contract Section No., Written Rule or Resolution of the Authority violated.

CBA 3.1 (7), 32 (7)

Statement of Facts, include date(s) of occurrence (Use additional sheets if required.)

Due to an unusual interruption in service on the New York City Transit  
System, I could not make it to work during the snow storm on  
(DATE: month: / day: / year: 2011) and have been marked A.W.O.L.

Remedy Sought: To have the A.W.O.L. removed. To be made whole.

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**ABOVE SECTION MUST BE COMPLETED BY THE EMPLOYEE OR THE UNION REPRESENTATIVE BEFORE A HEARING IS SCHEDULED  
GRIEVANCE MUST BE SUBMITTED TO DEPARTMENT HEAD OR DESIGNEE WITHIN 5 DAYS OF OCCURRENCE**

**COPY OF STEP I DECISION TO BE ATTACHED TO THIS FORM**

DATE RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_