

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.)

I arrived late to work for job (# _____) due to an unusual
interruption of service and my time was cut on
(DATE: month: _____ / day: _____ / year: 2011)

Remedy Sought: To be made whole for time and pay lost due to unusual
interruption in service

**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: _____