

CONTRACT INTERPRETATION GRIEVANCE FORM

Grievance Number:

ET AL:

Date Submitted: _____

Union: _____ Union Representative: _____

Employee: _____ Title: _____ Dept: _____ Pass: _____

Employee's Mailing Address: _____

Employee Signature: _____ Telephone Number: _____
Include area code

Cite Contract Section Number, Written Rule or Resolution of the Authority violated:

Statement of Facts, include date(s) of occurrence:

Remedy Sought:

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 30 DAYS OF OCCURRENCE

COPY OF STEP I DECISION TO BE ATTACHED TO THIS FORM

**WHEN YOU FILE THIS GRIEVANCE WITH YOUR
MANAGEMENT COUNTERPART VIA EMAIL, PLEASE
BE SURE TO CC: CALENDARS@TWULOCAL100.ORG**

DATE RECEIVED: _____
RECEIVED BY: _____