

RECORD OF GRIEVANCE
Local 6132

Name of Company _____

1. Grievance occurred (a) _____ (b) _____
Date Location

2. Grievance filing time limit expires _____ Appeal time limit expires _____
Date Date

3. Grieving Employee or Work Group Involved: (a) _____
Employee or Work Group

(b) _____ (c) _____ (d) _____
Employee's Home Address Home Phone No. Work Phone No.

(e) _____ (f) _____ (g) _____
Department Job Title Net Credited Service Date

(h) _____ (i) _____
Time-in-Title Date Rate of Pay

4. Union's statement of what happened (use other side if necessary)

5. Specific Basis of Grievance or Article(s) of Contract Involved

6. (a) Grievance filed _____ (b) Originated by _____
Date Union Representative

_____ Steward (Second Level) _____ Steward (Third Level)

7. Company's Position (Explain Fully)

8. Union's Position and Proposed Settlement

9. _____ Level Meeting Held _____ Recessed Yes No _____
Date Date of Answer

10. Company Rep. _____ Union Rep. _____

11. Disposition: Recessed Settled Appealed Dropped Date _____

NOTE: Attach any additional information that may be helpful.

Signed _____
Union Representative Date

