

AFSCME LOCAL _____
STEP _____



OFFICIAL GRIEVANCE FORM

NAME OF EMPLOYEE _____ DEPARTMENT _____
CLASSIFICATION _____
WORK LOCATION _____ IMMEDIATE SUPERVISOR _____
TITLE _____

STATEMENT OF GRIEVANCE:
List applicable violation:

Adjustment required:

I authorize the AFSCME Local _____ as my representative to act for me in the disposition of this grievance

Date _____ Signature of Employee _____
Signature of Union Representative _____ Title _____
Date Presented to Management Representative _____
Signature _____ Title _____

Disposition of Grievance:

THIS STATEMENT OF GRIEVANCE IS TO BE MADE OUT IN TRIPLICATE. ALL THREE ARE TO BE SIGNED BY THE EMPLOYEES AND/OR THE AFSCME REPRESENTATIVE HANDLING THE CASE.

ORIGINAL TO _____
COPY _____

COPY: LOCAL UNION GRIEVANCE FILE

NOTE: ONCE COPY OF THIS GRIEVANCE AND ITS DISPOSITION TO BE KEPT IN GRIEVANCE FILE OF LOCAL UNION.