



LOCAL 13301 – AA GRIEVANCE FORM

NAME _____ GRIEVANCE # _____

CLASSIFICATION _____ STATION _____ DOH _____ EMPLOYEE ID# _____

APPEAL OF DISCIPLINE: and/or ARTICLE(S) OF CONTRACT: _____

and any and all Articles and Letters of Agreement which may apply, any and all federal, state, and local laws which may apply.

DATE OF INCIDENT or ONGOING _____ DATE OF DISCIPLINE _____ DATE FILED _____

STATEMENT OF GRIEVANCE – HEARING REQUESTED:

REMEDY REQUESTED:

I authorize the Union to examine my personnel records relevant to this grievance. Signature (Employee):	Steward (Print name):
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Management Receipt of Grievance - Signature & Date:

STEP 1 DECISION

Management Signature & Date:	Union Receipt of Management's Response (Signature & Date):
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APPEAL TO STEP 2 – HEARING REQUESTED: <input type="checkbox"/> Union Signature & Date:	Management Receipt of Appeal (Signature & Date):
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STEP 2 DECISION

Management Signature & Date:	Union Receipt of Management's Response (Signature & Date):
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APPEAL TO STEP 3 – SYSTEM BOARD OF ADJUSTMENT: <input type="checkbox"/>	APPEAL DATE BY LOCAL:
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