

TO BE COMPLETED BY JOB STEWARD

1. Name of Grievant(s):

2. Date of Informal Meeting with Management:

3. Company Representative(s) in Attendance:

(Note Spokesman with a \checkmark)

4. Union Representative(s) in Attendance:

5. Grievant(s) in Attendance:

6. Issue Involved: (As well as Contract Section Involved)

7. Date Grievance Occurred: _____

TO BE COMPLETED BY LOCAL PRESIDENT OR HIS DESIGNEE

8. Meeting Requested: _____ Date _____
Time _____ Place _____

9. Union Representative who will attend: _____

10. Grievant(s) who will attend: _____

11. Reply to Request should be directed to:

Name _____ Address _____

12. Additional Information Relevant to Grievance: _____

13. Reply to request should be directed to:

Name: _____ (Signature)

Address: _____

_____ (Date)



Note: This form must be filed with the Operations Manager within fourteen (14) days following the Informal meeting.