TEAMSTERS LOCAL UNION NO. 917
GRIEVANCE FORM

Date Filed_____ No._____

NAME_____PHONE NO._____ SOCIAL SEC. #_____

ADDRESS_____CITY_____ STATE_____ZIP_____

EMPLOYER_____ HOW LONG EMPLOYED?_____

DID YOU CONTACT STEWARD?_____ IMMEDIATE SUPERVISOR:_____

VIOLATION OF ARTICLE NO._____SECTION NO._____SENIORITY DATE_____

GRIEVANCE: Give particulars in detail, including all dates, times, names, places, unit nos. and any other pertinent information so your grievance may be presented intelligently. *Please be specific in your claim.*

(If more space is needed, please use another form.)

CARHAUL MEMBERS: Attach copy of completed Wage Review.

Do your wish to be present at any hearing that may be scheduled? Yes___ No____

PLEASE UNDERSTAND THAT YOU WILL NOT BE COMPENSATED FOR THIS TIME.

Adjustment requested: ☐ Made whole for all losses and/or_____

I understand that the above grievance is subject to the grievance procedures outlined in the specific agreements violated and the adjustments or decisions reached thereunder at any appropriate level. I agree to be bound by the terms of the said agreements applicable to my status and grievance. I authorize my Union representative to appear and act on my behalf at any and all steps of the grievance procedure where I fail to attend in person for any reason and agree to be bound thereto.

UNION REPRESENTATIVE GRIEVANT'S SIGNATURE DATE

STEWARD'S REPORT_____

BUSINESS AGENT'S REPORT_____

ORIGINAL COPY - LOCAL UNION (WHITE) 2ND COPY - COMPANY (CANARY) 3RD COPY - STEWARD (PINK) 4TH COPY - GRIEVANT (GOLDENROD)

IMPORTANT: IT IS THE RESPONSIBILITY OF THE GRIEVANT TO ISSUE THE PROPER COPIES TO ALL PARTIES IN A TIMELY MANNER