



ENVOY PASSENGER SERVICE GRIEVANCE FORM



GRIEVANCE #	YEAR: 20
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EMPLOYEE NAME	EMPLOYEE NO	AGENT CLASSIFICATION	LOCATION
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ARTICLE OF CONTRACT VIOLATED: _____
_____ any and all article of the contract, company policy's, city, state and federal laws.

STATEMENT OF GRIEVANCE:

DATE GRIEVANCE EVENT OCCURRD	<input type="text"/>	DATE FILED	<input type="text"/>
DATE RECEIVED BY MGMT	<input type="text"/>	MANAGERS NAME	<input type="text"/>

REMEDY REQUESTED:

I authorize my union to examine my employee file relevant to this grievance.

Signature (employee) _____ Steward (print) _____

STEP ONE DECISION:	DATE ISSUED BY MGMT	<input type="text"/>	DATE RECEIVED BY UNION	<input type="text"/>
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SIGNATURE (MGMT REPRESENTATIVE):	SIGNATURE (UNION REPRESENTATIVE):
PRINT NAME (MGMT REPRESENTATIVE):	PRINT NAME (UNION REPRESENTATIVE):

STEP ONE:	APPEALED <input type="checkbox"/>	DATE FILED BY UNION	<input type="text"/>	DATE RECEIVED BY UNION	<input type="text"/>
	ACCEPTED <input type="checkbox"/>				

STEP TWO DECISION:	DATE ISSUED BY MGMT	<input type="text"/>	DATE RECEIVED BY UNION	<input type="text"/>
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SIGNATURE (MGMT REPRESENTATIVE):	SIGNATURE (UNION REPRESENTATIVE):
PRINT NAME (MGMT REPRESENTATIVE):	PRINT NAME (UNION REPRESENTATIVE):

STEP TWO:	APPEALED <input type="checkbox"/>	DATE FILED BY UNION	<input type="text"/>	DATE RECEIVED BY UNION	<input type="text"/>
	ACCEPTED <input type="checkbox"/>				

STEP THREE DECISION:	DATE ISSUED BY MGMT	<input type="text"/>	DATE RECEIVED BY UNION	<input type="text"/>
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SIGNATURE (MGMT REPRESENTATIVE):	SIGNATURE (UNION REPRESENTATIVE):
PRINT NAME (MGMT REPRESENTATIVE):	PRINT NAME (UNION REPRESENTATIVE):

STEP THREE:	APPEALED <input type="checkbox"/>	DATE FILED BY UNION	<input type="text"/>	DATE RECEIVED BY UNION	<input type="text"/>
	ACCEPTED <input type="checkbox"/>				