OFFICIAL PASSENGER SERVICE GRIEVANCE FORM

				#			YEAR:
EMPLOYEE NA	AME		EMPLOY	EE NO.		CLASSIFICATIO	N LOCATION
ARTICLE OF CONTRACT VIOLATED:							
STATEMENT OF GRIEVANCE:							
DATE GRIEVANCE EVENT OCCURRED					Γ	DATE FILED	
	DATE RECEIN	VED BY MGMT			MANAG	SER'S NAME	
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 DATE RECEIVED BY UNION							
SIEPUNLL	JECISIUN.	DATE ISSUED E	3Y MGW i		_ DAI	TE RECEIVED BY	UNION []
SIGNATURE (MGN	MT REPRESENTATIV	/E):		SIGNATURE	(UNION R	REPRESENTATIVE):	
PRINT NAME (MGI	MT REPRESENTATIV	VE):		PRINT NAME	E (UNION F	REPRESENTATIVE):	
STEP ONE:	APPEALED	DATE FILED B	- INION	<u></u>		TE RECEIVED BY	ZUNUONI [
	ACCEPTED	DATE LILLO	YUNION			E KECEIVLD D	
STEP TWO I	DECISION:	DATE ISSUED E	BY MGMT		DAT	TE RECEIVED BY	UNION
SIGNATURE (MGMT REPRESENTATIVE):						REPRESENTATIVE):	
PRINT NAME (MGI	MT REPRESENTATIV	√E):		PRINT NAME	E (UNION F	REPRESENTATIVE):	
STEP TWO:	APPEALED ACCEPTED	DATE FILED BY	Y UNION		DAT	TE RECEIVED BY	UNION