® 101

ALTURA GRIEVANCE FORM LOCAL UNION 21

Reporting Center_____

Grievant's Information	Date filed:	Company Grie	evance #		
Name:		Union Grievan	ice#		
Home Address					
S.S.#					
Home Tel. #:		JobTitle:			
Work Location:		Work Tel.#			
PLEASE FILL THIS FORM TO THE COMPANY, SEN	OUT AS COMPLETELY AS ONE COPY TO THE UNION	POSSIBLE. MAKE TWO COP HALL, KEEP ONE COPY FO	PIES: GIVE THE ORIGINAL OR YOUR RECORDS.		
GRIEVANCE INFORM					
ARTICLE GRIEVED (C 1. Management Rights	2. Waiver Clause	3 Subcontracting	4. Technician Bargaining Unit Work		
7. Grievance Procedure		lovees 12.Recogni	tion 13. Wage Rates And		
Certain Working Conditions	14 Union Security	15. Continuous Service	e 16. Seniority: Definition		
Areas Units	Lavoffs Recall	Temporary Employees	Seniority Lists And Errors		
17 Hoolth And Cafety	18 Tools 19 D	isciplinary Action 20.	Union Representation		
21 Paycheck Distribution	22 Service Standby Pro	ovision 23. Sick Time	e Allowance 24. Grooming And		
Mork Attira 25	. Performance Standards And Trai	ining Schedule F	1. Section I wage Flogression increases		
Section 2: Technician Classifi	cations Section 3: Log	istics Coordinator Classifications	Section 4: Additional Payments		
B. DEFINITIONS: Reporting	Center Permanent Assign	nment Lemporary Assi	anment Local Assignment		
C. TRAVEL: Transportation	Local Travel	Travel Time Relocation	n Time Relocation Allowance		
Mileage Allowance	Expense Reimbursemant	Notice Of Assignments	D. Standby Premium		
E. Climbing Premium	F. Night Premium	Section 5: Overtime Rules	Section 6: Holiday Rules		
Section 7: Vacation Rules	Section 8: Funeral Leave	Section 9: Healthcare	Section 10: Pension		
Section 11: Savings And Inve	stment Plan OTH	HER:			
If arisyones involves dis-	ciplinary action, complete ap	nronriate sections			
Suspension	Other:	propriate sections.	4		
	<u>Juier.</u>		<u> </u>		
length: Dismissal effective date					
Disillissal ellective date_					
1 FIRST STEP: (Within	10 days after action)	Date of Action:	DATE		
	d of Grievance (within 10 da		S.Z.		
		RC code:			
Company representative		NO code.			
B)Meeting (not later tha	n 10 days aπer action)				
C)Company Decision (n	ot later than 10 days after m	neeting)			
State the Company's Position:					

<u>i</u>		
ate the Union's po	osition and demand for settlement:	
······································		
rievance Status	Date Denied:	
nevance Status	Date Defiled.	
	Referred to: Step: Date:	
eward's Signature		
ewalu 3 Olgilatule		
REQUEST TO M	OVE TO SECOND STEP: (within 10 days after Company's decision at Step 1)D/	ATE:
	otified of appeal of Step 1	
ompany represen	tative:	
Meeting (not late	er than 10 days after notification)	
) Company Decisi	ion (not later than 10 days after meeting)	****
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Jnion 1.	Company 1.	

State the Company's	Position:			
Services		<u></u> -		
Ctata the Unionia nee	ition and downed for actilomorphism	4.		***
State the Union's pos	ition and demand for settlemen	<u> </u>		
10				
	Settled/WOP:		rithout precedence:	
Denied	Referred to:	Step:	Date:	
Union Rep's Signature				
	VE TO THIRD STEP: (within	10 days after Comp	any's decision at Step 2)	
DATE:				
A) Date Office Staff				
	npany requesting Step 3 by:	<u> </u>		
C) Meeting (not later Company representa	than 10 days after notification	1)		
Company representa	uve.			
E) Received letter from	om Company of their decision	(not later than 10 da	ys after meeting)	
State the Company's	Position:			

State the Union's position and demand for	settlement:	
Attorney Contacted:	Date Contacted:	
Attorney's position:		
Grievance Status Denied:	Settled/WOP:	Withdrawn without precedence:
Business Rep's Signature		
Referred for Arbitration:	Expedited:	Date:
Referred by:	Approve	ed by:
Referred by: Business Rep's Signature		ed by: Business Mgr's or ABM's Signature