

**ALTURA GRIEVANCE FORM
LOCAL UNION 21**

Reporting Center _____

Grievant's Information _____ **Date filed:** _____ **Company Grievance #** _____

Name: _____ **Union Grievance #** _____

Home Address: _____

S.S.# _____

Home Tel. #: _____ **Job Title:** _____

Work Location: _____ **Work Tel.#** _____

PLEASE FILL THIS FORM OUT AS COMPLETELY AS POSSIBLE. MAKE TWO COPIES: GIVE THE ORIGINAL TO THE COMPANY, SEND ONE COPY TO THE UNION HALL, KEEP ONE COPY FOR YOUR RECORDS.

GRIEVANCE INFORMATION

ARTICLE GRIEVED (Check those that apply)

- | | | | |
|---------------------------------------|--|--|------------------------------------|
| 1. Management Rights | 2. Waiver Clause | 3 Subcontracting | 4. Technician Bargaining Unit Work |
| 7. Grievance Procedure | 10. Probationary Employees | 12. Recognition | 13. Wage Rates And |
| Certain Working Conditions | 14. Union Security | 15. Continuous Service | 16. Seniority: Definition |
| Areas | Units | Layoffs | Recall |
| 17. Health And Safety | 18. Tools | 19. Disciplinary Action | 20. Union Representation |
| 21. Paycheck Distribution | 22. Service Standby Provision | 23. Sick Time Allowance | 24. Grooming And |
| Work Attire | 25. Performance Standards And Training | SCHEDULE A: Section 1 Wage Progression Increases | |
| Section 2: Technician Classifications | | Section 3: Logistics Coordinator Classifications | |
| Section 4: Additional Payments | | 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 Investment Plan | |
| OTHER: | | | |

If grievance involves disciplinary action, complete appropriate sections.

Suspension _____ **Other:** _____

length: _____

Dismissal effective date _____

1 FIRST STEP: (Within 10 days after action) **Date of Action:** _____ **DATE** _____

A) Management Notified of Grievance (within 10 days of action)

Company representative: _____ **RC code:** _____

B) Meeting (not later than 10 days after action) _____

C) Company Decision (not later than 10 days after meeting) _____

State the Company's Position: _____

State the Union's position and demand for settlement:

If demand includes back pay, indicate name(s) of member(s) and work location(s).

Grievance Status Date Denied: _____

 Referred to: _____ Step: _____ Date: _____

Steward's Signature

2 REQUEST TO MOVE TO SECOND STEP: (within 10 days after Company's decision at Step 1) DATE:

A) Management Notified of appeal of Step 1

Company representative: _____

B) Meeting (not later than 10 days after notification)

C) Company Decision (not later than 10 days after meeting)

Union 1. _____

Company 1. _____

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: _____
Business Rep's Signature

Approved by: _____
Business Mgr's or ABM's Signature