

REPORT OF IBEW LOCAL 21 GRIEVANCE  
JOHNSON CONTROLS WORLD SERVICES, INC.

UNIT # \_\_\_\_\_ DATE \_\_\_\_\_ GRIEVANCE # \_\_\_\_\_

UNION STEWARD: GRIEVANT: COMPANY REPRESENTATIVE:

Name _____	Name _____	1st Level _____
Dept. _____	Title _____	2nd Level _____
Location: _____	Home Phone _____	3rd Level _____
_____	Work Phone _____	

Was this grievance originated by: \_\_\_ Individual\* \_\_\_ Group \_\_\_ Union Rep.

\*(If individual - what is grievant's NCS date \_\_\_\_\_)

General Classification of Grievance

- |                    |                        |                         |                       |
|--------------------|------------------------|-------------------------|-----------------------|
| ___ Absence Pay    | ___ Distress Pay       | ___ Promotion           | ___ Vacation          |
| ___ Contract Work  | ___ Holiday Pay        | ___ Shift Pref.         | ___ Wkg Conditions    |
| ___ Demotion       | ___ Mgmt vs Craft Work | ___ Suspensions         | ___ Work Jurisdiction |
| ___ Discrimination | ___ Overtime           | ___ Temp. Supvr.        | ___ Work Schedule     |
| ___ Dismissal      | ___ Premium Pay        | ___ Transfers & Details | ___ Other             |

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Agreement (Contract) Violations (if applicable) Art./Ex. \_\_\_\_\_ Sec. \_\_\_\_\_

**IMPORTANT: ALL INFORMATION REQUESTED ABOVE MUST BE COMPLETED BEFORE PROCEEDING TO NEXT SECTION.**

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State what action caused this grievance. Also attach any supporting documents, letters, notes, etc. relative to this case.

Date(s) \_\_\_\_\_

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GRIEVANCE # \_\_\_\_\_

What action did the Company take. (Attach any supporting documents)

<u>Date</u>	<u>Brief Summary</u>
_____	_____
_____	_____
_____	_____
_____	_____

State the Union's position.

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State the Company's position.

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Union demand for settlement \_\_\_\_\_

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

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IF GRIEVANCE INVOLVES DISCIPLINARY ACTION, COMPLETE PAGE 3.

IF GRIEVANCE DOES NOT INVOLVE DISCIPLINARY ACTION, GO TO & COMPLETE PAGE 4.

**IF GRIEVANCE INVOLVES DISCIPLINARY ACTION - COMPLETE APPROPRIATE SECTIONS**

Type of disciplinary action taken:

\_\_\_\_ Suspension: length of suspension \_\_\_\_\_

\_\_\_\_ Demotion: From title \_\_\_\_\_ to title \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Wage Progression Deferment: Length of Deferment \_\_\_\_\_

\_\_\_\_ Dismissal: Effective Date (last date on payroll) \_\_\_\_\_

\_\_\_\_ Other \_\_\_\_\_  
(type)

Union notification:

\_\_\_\_ Written \_\_\_\_ Verbal Date \_\_\_\_\_ to \_\_\_\_\_ By \_\_\_\_\_

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List progressive disciplinary action taken in sequential order.

<u>Date</u>	<u>Attachment*</u>	<u>Brief Explanation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*Letters, Memos, etc; also, indicate grievance number for any disciplinary action which may have been grieved.

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COMPLETE PAGE 4.

List dates of meetings, names and titles of management people

<u>Date</u>	<u>Name</u>	<u>Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Grievant's signature \_\_\_\_\_ Steward's signature \_\_\_\_\_



District level review:

Date \_\_\_\_\_

Union representatives

Company representatives

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State any change in Union or Company positions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disposition: \_\_\_\_\_

To Business Representative \_\_\_\_\_

(Name)

\_\_\_\_\_

(Date)