



EMPLOYEE GRIEVANCE

Grievance No. _____

Local No. 501A	Unit:	Union Representative:	Date:
Name of aggrieved employee:		Is this a policy grievance: Yes <input type="checkbox"/> No <input type="checkbox"/>	Employee number:
Signature of Aggrieved Party:			
Contract Violation (Article/Section):			
Detailed reason in support of Grievance:			
Settlement requested: <i>- The union demands that the Company cease and desist from violating past practice and the Collective Agreement, that the incident(s) be rectified, that the proper compensation, including benefits and overtime, at the applicable rate of pay, be paid for all losses; and further that those affected be made whole in every aspect.</i>			
Signature of Union Representative			Date/Date

PRE-GRIEVANCE—EMPLOYER’S ANSWER

<i>This Step was carried out with</i>	
Signature of Employer’s Representative:	Date:

STEP ONE—EMPLOYER’S ANSWER

Signature of Employer’s Representative:	Date:

STEP TWO—EMPLOYER’S ANSWER

Signature of Employer’s Representative:	Date: