

UNITED FOOD & COMMERCIAL WORKERS UNION LOCAL 152

GRIEVANCE REPORTING FORM

PLEASE PRINT OR TYPE INFORMATION

Grievance Number (Local Union Use) Date 20

Full Name of Member Home Phone Number

Address of Member Last 4 digits of Social Security Number

City State Zip Code Company Phone Number

Date of Hire - Full Time Date of Hire - Part Time Name of Company Location and/or Store Number

Male Female

Title & Dept. No. Rate of Pay

NATURE OF GRIEVANCE Check one or more. If Grievance is not listed below, check other and explain.

- Discharge - date occurred Security Register Procedure Transfers
Suspension - date occurred Absenteeism Pay Discrepancy Company Policy
Lay off date Tardiness Work Schedule Other
Resignation date Insubordination

EXPLAIN AND GIVE DETAILS:

MEMBER'S SIGNATURE

(FOR LOCAL 152 USE ONLY)

UNION REPRESENTATIVES INFORMATION AFTER INTERVENTION AND INVESTIGATION

- RESULTS RECOMMENDATION BOTH
Discharge Arbitration Reinstated without back pay S/S present
Suspension Resumed work - Date Written warning notice # Case pending
Lay off Transferred to Resolved case Date Member signed statement
Quit Reinstated with back pay
Received Increases \$ Date Gave member right to appeal Date
Retroactive pay \$ Date received

UNION REPRESENTATIVE Submitted on 20

White Copy: UNION

Yellow Copy: EMPLOYEE

Pink Copy: EMPLOYER