

APPENDIX E

STANDARD GRIEVANCE FORM

Employees must use this form for filing grievances at Step II and III of the Grievance Procedure. Use of this form is optional at Step I.

NAME OF GRIEVANT	OFFICE SYMBOL	DUTY PHONE
UNION REPRESENTATIVE, IF ANY	OFFICE SYMBOL	DUTY PHONE

BRIEFLY DESCRIBE THE INCIDENT CAUSING THIS GRIEVANCE (Include date, time, and place, management officials involved, witnesses, if any) (If more space is needed, continue on reverse or use separate sheet of paper)

IDENTIFY THE ARTICLE(S) OR SECTION(S) OF THE MASTER AGREEMENT/LOCAL SUPPLEMENT/REGULATION ALLEGED TO HAVE BEEN VIOLATED.

IDENTIFY THE REMEDY YOU SEEK.

QUESTIONS AND/OR FURTHER CORRESPONDENCE IN THIS MATTER SHOULD BE SENT TO (Name and Address)

ATTACH A COPY OF THE RECORD OF INFORMAL GRIEVANCE DISCUSSION, IF ANY

SIGNATURE OF GRIEVANT	DATE
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IF YOUR GRIEVANCE IS NOT RESOLVED TO YOUR SATISFACTION, YOU MAY SUBMIT THE GRIEVANCE TO THE NEXT STEP OF THE GRIEVANCE PROCEDURE BY SIGNING AND DATING THIS FORM BELOW AND ATTACHING A COPY OF MANAGEMENT'S WRITTEN REPLY. ----- ANY ADDITIONAL INFORMATION YOU BELIEVE IS PERTINENT SHOULD ALSO BE ATTACHED.

SIGNATURE OF GRIEVANT	DATE
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