



Communications Workers of America Local 6222

Grievance

Name of company: _____

1. Grievance occurred: (A) _____ (B) _____
Date Work location

2. Grievance filing time limit expires: _____ Appeal time limit expires: _____
Date Date

3. Grieving employee or work group involved: (A) _____
Employee or Work group

(B) _____ (C) _____ (D) _____
Employee's home address, zip code Home phone # Work phone #

(E) _____ (F) _____ (G) _____
Department Job title Seniority date

4. Union's statement of what happened (use the following page to write your statement)

5. Specific basic of grievance or article(s) of contract involved:

6. _____ Steward (2nd level) _____ Steward (3rd level)

7. Company's position (explain fully & if necessary, use other side):

8. Union's position and proposed settlement (use other side if necessary):

9. _____ level meeting held on _____ Recessed: Yes No _____
Date Date of answer

10. Company representative: _____ Union representative: _____

11. Disposition: Recessed Settled Appealed Dropped Date: _____

Note: attach any additional information that may be helpful-Copy of this form MUST accompany any appealed grievance.

Signed: _____ Date: _____

