Communications Workers of America Local 6222

Protecting Time

Name of grievant:	
Work location:	
Nature of Grievance:	
Proposed settlement:	
Date grievance occurred:	
Seniority date:	
Job title:	
Department:	
Weingarten's Act	Chief steward
I have to right to Union Representation.	
I have the right to consultation with representation prior to meeting with Management.	Job steward
I have the right to remain silent until my Union representative is present.	Job steward work location
I have the right to know the topic of the meeting/investigation.	Job steward cell #
I wish to express my rights.	

*Please complete both sides of this form and fill in all fields.

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Grievant Contact Information

This form should be filled out by the steward WITH the Grievant and included in the grievance file.

The following information is necessary in order that your CWA Representative can be fully and properly prepared to address your grievance. Many times, questions arise during the grievance preparation and handling process that can only be answered or provided by the Grievant. As such, it is imperative that your current contact information is accurate and readily available.

Grievant's name:						
Seniority date:			Gender:	Male	Female	
		Grievant's Con	tact Informa	tion		
Mailing address:						
-						
Home phone #: Personal cell #:				Other:		
Personal e-mail:						
	Job Steward	\ \	Vitness Info		Witness Info	
Name:						
Home #:						
Cell #:						
F-mail·						

In the event that ANY of the above information changes, the GRIEVANT is responsible for notifying the Local as soon as possible

*Please complete both sides of this form and fill in all fields.