

NOTICE:

The Union reserves the right to amend this grievance as additional information becomes available.

AMALGAMATED TRANSIT UNION, Division 757

Schoppert Hall
1801 NE Couch Street
Portland, Oregon 97232-3054
Phone 503-232-9144 / Fax 503-230-2589

Grievance Number _____

1. Grievant(s) _____

2. Address _____ Home Phone _____

City _____ State _____ Zip _____

3. Employer _____ Work Location _____

4. Employed as _____ Employee No. _____

5. Work Times/Days _____ Days Off _____

6. Contract References _____ and all other relevant provisions
Article(s), Section(s), Para(s), etc.

7. Date(s) of Occurrence _____

8. Union _____ Employer _____
Officer (Hearings Officer) _____ Representative (Hearings Officer) _____

9. Brief Description of Grievance (10 words or less) _____

10. Detailed Description _____
(Use separate sheet if necessary)

11. Remedy: make whole and/or- _____

I hereby certify that this is a true and complete statement to the best of my knowledge, at this time.

Signature of Grievant(s) or Representative

Date

