

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)
Please type Below
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