

Communications Workers of America, Local 3371
Ashland, Kentucky

Record of Grievance

Company _____

Local Grievance Number _____ **CWA State Grievance Number** _____

Date of Last Occurrence _____ **Date Supervisor Contacted** _____

Name of Supervisor Contacted _____ **Date of Oral Step** _____

Name of Grievant _____ **Grievant's Phone** _____

Grievant's Address _____ **City/State/Zip** _____

Job Title _____ **Work Location** _____

Net Credited Service Date _____ **Rate of Pay** _____ **Department** _____

Name of Responsible Steward _____ **Steward's Phone** _____

Brief Description of Grievance _____

Requested Settlement _____

Specific Contract Language Involved: **Article(s)** _____, and all other applicable articles and sections: the true intent and meaning of each, and the failure of the company to fulfill its obligations thereunder.

Written response from the Company should be dated, signed and attached to a copy of this form and provided to the responsible steward and Labor Relations. The steward is responsible to send a copy to the Local President.

Union Present _____ **Date of 2nd Step Meeting** _____

Company Present _____

Union Response to 2nd Step: _____ **Union Accepts** _____ **Union Rejects** _____ **Union Appeals** _____

Union Signature _____ **Date** _____

Union Response to 3rd Step: _____ **Union Accepts** _____ **Union Rejects** _____ **Union Appeals** _____

Union Signature _____ **Date** _____