OFFICIAL PASSENGER SERVICE GRIEVANCE FORM

	#	YEAR:

EMPLOYEE NAME:	EMPLOYEE NO:	CLASSIFICATION: (FT/PT)	LOCATION:

ARTICLE OF CONTRACT VIOLATED: 3M and all other applicable articles.

ORAL GIVEN TO : DATE:

STATEMENT OF GRIEVANCE:

DATE GRIEVANCE EVENT OCCURRED: DATE FILED:

DATE RECEIVED BY MGMT: MANAGER'S NAME:

REMEDY REQUESTED:.

I authorize my union to examine my employee file relevant to this grievance.

SIGNATURE (EMPLOYEE): STEWARD (PRINT):

STEP ONE DECISION: DATE ISSUED BY MGMT DATE RECEIVED BY UNION

SIGNATURE (MGMT REPRESENTATIVE):	SIGNATURE (UNION REPRESENTATIVE):
PRINT NAME (MGMT REPRESENTATIVE):	PRINT NAME (UNION REPRESENTATIVE):

STEP ONE: APPEALED ACCEPTED DATE FILED BY UNION DATE RECEIVED BY UNION

STEP TWO DECISION: DATE ISSUED BY MGMT DATE RECEIVED BY UNION

SIGNATURE (MGMT REPRESENTATIVE):	SIGNATURE (UNION REPRESENTATIVE):
PRINT NAME (MGMT REPRESENTATIVE):	PRINT NAME (UNION REPRESENTATIVE):

STEP TWO: APPEALED ACCEPTED DATE FILED BY UNION DATE RECEIVED BY UNION