

# OFFICIAL PASSENGER SERVICE GRIEVANCE FORM

			#	YEAR: 2019
EMPLOYEE NAME	EMPLOYEE NO.	CLASSIFICATION AGENT	LOCATION	

ARTICLE OF CONTRACT VIOLATED:  
N/A

## 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):  
CHRIS KRESS

**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  DATE FILED BY UNION  DATE RECEIVED BY UNION   
ACCEPTED

**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  DATE FILED BY UNION  DATE RECEIVED BY UNION   
ACCEPTED