COMMUNICATIONS WORKERS OF AMERICA, AFL-CIO
LOCAL 2336-DISTRICT 2-13
151 RIGGS ROAD, N.E., WASHINGTON ,D.C. 20001
OFFICE #: 202-291-1500
FAX#: 202-829-0202
WEBSITE: www.cwalocal2336.org

GRIEVANCE REQUEST

DATE: _____

TO: _____ **(SUPERVISOR)**

TEL#/EMAIL: _____ **(SUPERVISOR)**

FROM: _____ **(UNION REPRESENTATIVE)**

TEL#/EMAIL: _____ **(UNION REPRESENTATIVE)**

GRIEVANTS NAME: _____

DATE OF OCCURRENCE: _____

ISSUE GRIEVED: _____

_____

CONTRACT ARTICLE/UNFAIR TREATMENT: _____

_____

REMEDY SOUGHT: _____

_____

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GRIEVANCE REQUEST REFERENCE SHEET (guide for Stewards)

DATE FIELD: 1). SHOULD ALWAYS BE WITHIN 30 DAYS OF OCCURANCE AND IS THE DATE YOU HAND DELIVER THIS TO MANAGEMENT OR SCAN AND EMAIL OR TAKE A PICTURE OF AND EMAIL.

TO FIELD: 1). NAME OF GRIEVANT'S DIRECT SUPERVISOR (1ST LEVEL)

TEL#/EMAIL FIELD: 1). INCLUDE TEL# AND EMAIL IN THE EVENT LOCAL NEEDS TO FILE INFORMATION REQUEST OR CALL TO WORK OUT SETTLEMENT

FROM FIELD: 1). FULL NAME OF STEWARD

TEL#/EMAIL FIELD: 1). INCLUDE YOUR TEL# AND EMAIL IN THE EVENT THE LOCAL OR THE DISTRICT NEDS TO CONTACT YOU

GRIEVANTS NAME FIELD: 1). CORRECTLY SPELL OUT GRIEVANTS FULL NAME

DATE OF OCCURRENCE: 1). IS THE DATE THE ACTUAL INCIDENT HAPPENED

ISSUE GRIEVED: 1). SOME COMMON TOPICS ARE

a). DISCIPLINE AND SHOULD INCLUDE INDICATION OF EITHER SUSPENSION; TERMINATION; ADVANCEMENT ON RAP; MOTOR VEHICLE ACCIDENT;SAFETY VIOLATION; WORK RULE VIOLATION

b). DENIED TIME OFF; FORCED TRANSFER; LOSS OF PAY; VIOLATION OF MRP

CONTRACT ARTICLE/UNFAIR TREATMENT: SHOULD LOOK IN TABLE OF CONTENTS IN CONTRACT TO LOCATE ARTICLE VIOLATED-IF UNSURE CAN ALWAYS CIRCLE UNFAIR TREATMENT FOR DISCIPLINE CASES

REMEDY: WANT TO USE WORDS "MAKE WHOLE" FOR DISCIPLINE CASES; OTHER INSTANCES WOULD BE "RETURN TO PREVIOUS LOCATION"; REIMBURSE LOST WAGES"; REMOVE/RECALCULATE MRP; REMOVE FROM STEP"

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IF SEND GRIEVANCE REQUEST THRU EMAIL

SEND EMAIL TO: LOCAL SUPERVISOR EMAIL; UNION REP. EMAIL ***(include both email addresses-send to yourself along with supervisor)***

SUBJECT LINE: GRIEVANCE REQUEST-LOCAL 2336

BODY OF EMAIL SHOULD BE FORMATTED AS:

SUPERVISOR NAME:
UNION REP. NAME AND PHONE NUMBER:

GRIEVANTS NAME:
DATE OF OCCURRENCE:

ISSUE GRIEVED:

CONTRACT ARTICLE/UNFAIR TREATMENT:

REMEDY SOUGHT:

THEN PRESS ENTER/CLICK SEND-MAKE SURE YOU RECEIVE IN YOUR INBOX

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GRIEVANCE MEETING MINUTES

DATE OF MEETING: _____ **START TIME:** _____ **END TIME:**_____

GRIEVANCE#:
GRIEVANT NAME:

TOPIC:

(circle one) **FIRST STEP** **SECOND STEP** **THIRD STEP**

ATTENDEES

UNION-NAMES & POSITIONS:
1).
2).
3).
4).
5).

COMPANY-NAMES & POSITIONS:
1).
2).
3).
4).
5).

GRIEVANCE# (CON'T):_____

GRIEVANCE# (CON'T): _____

GRIEVANCE# (CON'T): _____

UNION REP. NAME WHO TOOK NOTES: _____