

**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](http://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 (1<sup>ST</sup> 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

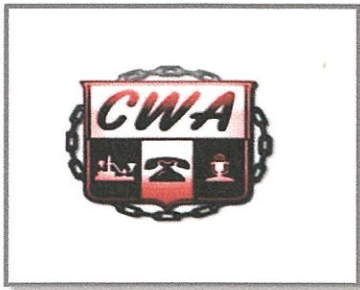
**GRIEVANTS NAME FIELD:** 1). CORRECTLY SPELL OUT GRIEVANTS FULL NAME

**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**







