

GRIEVANCE COVER SHEET

1. GRIEVANT: _____ GRIEVANCE #: _____
2. SSN: _____ STEWARD: _____
3. PAY LOCATION: _____ CRAFT: _____
4. INCIDENT DATE: _____ UNION NOTIFIED: _____
5. GRIEVANCE DUE DATE: _____
6. ISSUE: _____
7. ARTICLES: _____
8. STEP 1 DISCUSSION DATE: _____
9. STEP 1 SUPERVISOR: _____
10. STEP 1 OFFER: _____
11. STEP 1 DECISION. _____
12. STEP 1 DECISION DATE: _____ 2608 PROVIDED: Y _____ N _____
13. DATE GRIEVANT CONTACTED AFTER STEP 1 : _____
14. STEP 2 APPEAL DATE: _____
15. STEP 2 STEWARD: _____
16. STEP 2 P.O. DESIGNEE: _____
17. STEP 2 DISCUSSION DATE: _____
18. 2608 REQUESTED AT STEP 2: Y _____ N _____ PROVIDED: Y _____ N _____
19. STEP 2 OFFER: _____
20. STEP 2 DECISION: _____
21. STEP 2 DECISION DATE: _____
22. DATE GRIEVANT CONTACTED AFTER STEP 2: _____