



COUNCIL 13

American Federation of State, County and Municipal Employees, AFL-CIO

GRIEVANCE FORM

District Council _____ Local Union _____

Grievant (s) _____ Grievant ID # _____

Employer _____ Department _____

Job Title _____ Supervisor _____ Work Location _____

VIOLATION	Article # _____	Section # _____
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STATEMENT BY GRIEVANT OR UNION

RELIEF OR REMEDY SOUGHT

<i>Steward Signature</i>	<i>Date</i>	<i>and/or</i>	<i>Employee Signature</i>	<i>Date</i>
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MANAGEMENT ANSWER

Step # 1 _____

Step # 2 _____
_____ Signature _____ Date _____

Step # 3 _____
_____ Signature _____ Date _____

Step # 4 _____
_____ Signature _____ Date _____

_____ Signature _____ Date _____

UNION

If more space is needed, please attach additional sheet

