GRIEVANCE FORM * JOB PROTEST FORM

(Please print or type all information)

Grievance	Date Submitted	Grievance Number (assigned by LR)	
First Step			
Second Step		Posting Number	Posting Date
Job Protest			

Last Name	First Name	Local Union
Address		
City	State	Zip
Home Phone	Cell Phone	Home Email
Dept.	Job Class	Wage Rate
Work Loc	Mail Code	Co Email
Work Phone	Shift	Supervisor

Affected Articles and Sections of the MOA									
Article		Article		Article		Article		Article	
Section		Section		Section		Section		Section	
(and any other article, MOC, MOU, policy, or procedure that may apply)									

Group or Employee Affected	

Grievance or Job Protest Basis

Requested Resolution

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Signature

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Grievance Statement and Resolution Continuation