REVISED 7/17/97

NYPA GRIEVANCE #

UWUA COMPLAINT UNDER GRIEVANCE PROCEDURE

			UNION GRIEVA	ANCE #
NAME OF GRIEVANT:				
TITLE:				
NAME OF SUPERVISOR:				
STEP (A) VERBAL (between two inc and two individuals representing the A	lividuals representin	g the Union (usually t	he appropriate shop steward supervisor and one other	and/or the employee) supervisor.
This step took place on		at	A.M. P.M.	
STEP (B) WRITTEN (between a mer and Department Head and no more tha	nber or members (no in four other individ	o more than five) of the	ne grievance committee des Authority.	ignated by the Union
CIRCUMSTANCES:	STATEM	IENT OF GRIEVAN	CE	ä
DATE:	TIME:	PLACE:		
NATURE OF OCCURRENCE:				
1				
APPLICABLE SECTIONS OF AGE				
TO MANAGEMENT BY:	A.M.			
DATE:TIME:	P.M	SIGNATURE OF	GRIEVANT	
	PI	CNATURE OF UNIO	N REPRESENTATIVE	
			*****	**********
	STATEM	ENT OF SUPERVIS	<u>OR</u>	
O UNION BY: DATE:T	SOCIAL STATE OF THE STATE OF TH	A.M. P.M.		
SETTLED: YESNO	IF SETT		FSUPERVISOR	
CC: Human Resource Dept.		SIGNATURE OF UNION REPRESENTATIVE		

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STEP (C) WRITTE Manager of the Proj	TEP (C) WRITTEN (between a chairperson of the Union Stewards and a business agent or their designees and the Region anager of the Project and the Facility Manager of Human Resources or their designees).					
ADDITIONAL STATEMENT BY UNION, IF DESIRED:						
			80			
O MANAGEMEN	T BY:	AM				
PATE: TIME:			SIGNATURE OF UNION REPRESENTATIVE			
		NAGEMENT, IF REC	OUIRED:			
TO UNION BY:		A.M.				
OATE:	TIME:		SIGNATURE OF AUTHORITY REPRESENTATIVE			
ETTLED: YES_	NO	IF SETTLED:	SIGNATURE OF UNION REPRESENTATIVE			

CC: Human Resources Dept.