

UAW-LOCAL 6000 GRIEVANCE FORM

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|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------|
| GRIEVANCE NUMBER | | |
| DEPARTMENT (AGENCY) | CLASS & LEVEL | |
| WORK ADDRESS | EMPLOYEE I.D. NUMBER | |
| NAME(S) | ADDRESS | |
| THIS IS A DIRECT APPEAL TO <input type="checkbox"/> STEP 2 | | |
| STATEMENT OF GRIEVANCE | | |
| FACTS (WHEN, WHO, WHAT, WHERE,) | | |
| | | |
| CONTRACT SECTIONS VIOLATED | | |
| RELIEF SOUGHT | | |
| GRIEVANT'S SIGNATURE | DATE APPEALED | |
| DESIGNATED REP'S NAME AND ADDRESS | | |
| STEP 1 ANSWER (Employer use only) | | |
| DATE GRIEVANCE RECEIVED | DATE GRIEVANCE MEETING | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| SIGNATURE | DATE GIVEN/MAILED | GRIEVANCE SETTLED <input type="checkbox"/> SEE ATTACHED SETTLEMENT |
| | | DATE RECEIVED |
| UNION USE ONLY | | |
| <input type="checkbox"/> Resolved by Step 1 Answer <input type="checkbox"/> Withdrawn <input type="checkbox"/> To Be Appealed To Step 2 | | |
| UAW DESIGNATED REP'S SIGNATURE | DATE | REP'S TELEPHONE NUMBER |

OSE/UAW-1 (R1/19)
 Complete instructions for initiating a grievance and requirements for use of this form are found in Article 8, Grievance Procedure, UAW and State of Michigan contract. Attach additional sheets if necessary. Instructions on back.

UAW-1

NOTE: Type or use ball point so all copies are legible.

Employee/UAW Steward:

A grievance must be filed within the time limits provided in Article 8.

Grievances concerning demotion, suspension or discharge can be filed directly to Step 2.

The Steward completes the written grievance and presents it to the designated Employer Representative.

Step 1 Employer Rep.:

The Step 1 Employer Representative meets with the grievant and Union Representative and issues a written answer within ten (10) week days of presentation of the step 1 written grievance.

If the grievance relief is being granted or denied, the response should be provided on this form.

If the terms of a settlement are agreed upon, check "Grievance Settled" next to the Employer Representative's signature.

Union

The Union indicates on the grievance whether the grievance has been resolved, withdrawn or is to be appealed to Step 2.

If the grievance is to be pursued, it must be appealed to Step 2 within ten (10) week days of receipt of the Employer's Step 1 Answer.

Distribute copies as follows:

WHITE — Union

YELLOW — Employer Rep.