

Remedy Sought: _____

Date Submitted: _____ Grievant's Signature: _____

1st STEP DECISION

Date: _____ Supervisor's Signature: _____

Rejected: _____ Sustained: _____

DECISION: (use additional sheets if necessary): _____

Date Decision received by Grievant: _____ Grievant's Signature: _____

The above Decision is satisfactory: _____

I wish to appeal the above Decision (Yes or No): _____

STEP 2

DETERMINATION ATTACHED

Date Decision issued: _____ Reviewer's Signature: _____

The above Decision is satisfactory: _____

I wish to appeal the above Decision (Yes or No): _____

Date: _____ Grievant's Signature: _____

STEP 3

DETERMINATION ATTACHED

Date Decision issued: _____ Reviewer's Signature: _____

The above Decision is satisfactory: _____

I wish to appeal the above Decision (Yes or No): _____

Date: _____ Grievant's Signature: _____

COPIES TO:

1. Original to Employer
2. Employee
3. Unit President
4. Local President
5. Labor Relations Specialist

