

Local 1505 Grievance Form

Grievance: Shop Steward's Step I _____ Date _____
Step II _____ Date _____
Step III _____ Date _____

Aggrieved employee (or group): _____

Civil service title: _____

Home address: _____

Dept. or agency: _____

Work location: _____

Home phone: _____

Work phone _____

NATURE OF GRIEVANCE (cite contract clause, rule or regulation violated)

REMEDY SOUGHT: _____

STEP 1 REQUEST: *The Union is formally requesting an appointment to discuss this grievance:*

DC 37, AFSCME, AFL-CIO, 125 Barclay Street, New York, N.Y. 10007

Local Union No. _____ Union Representative or Steward's signature _____

Date _____ Employee's signature _____

ACTION TAKEN FOR STEP I: (Summarize or attach management's reply. If more room is needed, use the back.)

