



# TEAMSTERS LOCAL 767 GRIEVANCE FORM

6109 Anglin Dr. Forest Hill, TX 76119 Metro (817) 429-9863 State wide (877) 767-7655 Fax (817)-429-0147

Assigned To Union Representative:		Sent To Employer Representative:		Date received	Control #
Date sent to Employer:		Cert. Mail or UPS #			
<b>STEWARD SECTION (To be completed by steward)</b>		<b>EMPLOYER SECTION</b>			<b>DATE</b>
NAME _____		Step 1 Signature _____			_____
Phone Number _____	Date presented to Employer _____	Step 2 Signature _____			_____

**EMPLOYEE SECTION. Instructions:** Complete and give to your Union Steward. One issue per grievance please!

Print Name \_\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_ Today's Date \_\_\_\_\_

Phone # \_\_\_\_\_ Seniority Date \_\_\_\_\_ Best time to call you \_\_\_\_\_

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_ City / State / Zip \_\_\_\_\_

Classification \_\_\_\_\_ Start time \_\_\_\_\_ Employer/Location \_\_\_\_\_

Grievant's e-mail: \_\_\_\_\_ Current pay rate: \_\_\_\_\_

**NATURE OF GRIEVANCE** (Check one).

- Unjust discharge    Unjust suspension    Protest of warning    Pay Claim    Other 9.5 Rights Violation

**WHEN** did the violation occur? [ Give date(s) and time(s) ] \_\_\_\_\_

**WHERE** did the violation take place? \_\_\_\_\_

**WHO** were the people involved? Give the first and last names of all witnesses along with their phone numbers, if known. Identify all management personnel involved and indicate their title or area of responsibility.

**WHAT** happened? Give a **BRIEF** description of the facts of your claim. Do not argue your case here Just the facts please.

Grievant is on the 9.5 hours list.

**WHY** do you think you have a case? Go to page 3. On page 3 provide your Union Representative with a complete, legible description of your case.

**LIST ALL CONTRACT ARTICLES VIOLATED:** Article 37 The grievant alleges a violation of all relevant articles of the contract including the articles listed.

**SETTLEMENT REQUESTED BY GRIEVANT:** To be "made whole" in every way in addition to the following remedy:

Cease and desist from violating grievant's 9.5 rights. Reduce load as necessary.

Pay triple time pay for all hours worked more than 9.5 per day. Make grievant whole in every way.

**GRIEVANT'S SIGNATURE** \_\_\_\_\_ **Date Reported To Steward** \_\_\_\_\_

By the above signature I hereby give authority to any representative of the Union to represent me in this matter in the event I am not present at any subsequent hearing on this grievance.