



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 #
For Office Use Only		Date sent to Employer:		Cert. Mail or UPS #	
STEWARD SECTION (To be completed by steward)		EMPLOYER SECTION			DATE
NAME _____		Step 1 Signature _____			_____
Phone Number _____		Step 2 Signature _____			_____
Date presented to Employer _____					

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 Supervisor Working

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.

Supervisor doing bargaining unit work.

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: Master; Article 3 Sec. 7 Supplemental: Art 46 Sec 3 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:

Maintain a sufficient workforce with bargaining unit employees with double shifting, early call-in, 6th day work, overtime, and new job creation. All monies due to make grievance whole including benefit contributions.

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.