CONTRACT INTERPRETATION GRIEVANCE FORM

ET AL:

Grievance Number: *(WYPELNIA ZWIAZEK / UNION FILLS THIS BOX)*

Date Submitted: _____ *(TY)*

Union: _____ TWU Local 100

Union Representative: _____ *(TY - jesli znasz, lub zostaw puste dla zwiazku)*

Employee: _____ *(TY WYPELNIASZ - imie i nazwisko)*

Title: _____ Light Maintainer

Dept: _____ MOW - Infrastructure

Pass: _____ *(TY)*

Employee's Mailing Address: _____ *(TY)*

Employee Signature: _____ *(PODPIS - podpisz tutaj)*

Telephone Number: _____ *(TY)* Include area code

Cite Contract Section Number, Written Rule or Resolution of the Authority violated:

PRZYKLAD: Section 3.5.E (RDO premium) / EXAMPLE: Section 3.5.E (RDO premium)

Statement of Facts, include date(s) of occurrence:

PRZYKLAD - opisz co i kiedy sie stalo / EXAMPLE - describe what happened and when

Remedy Sought:

PRZYKLAD - czego oczekujesz, np. wyplata zaleglego premium / EXAMPLE - what you want,

e.g. back pay of the premium owed

ABOVE SECTION MUST BE COMPLETED BY THE EMPLOYEE OR THE UNION REPRESENTATIVE BEFORE A HEARING IS SCHEDULED.
GRIEVANCE MUST BE SUBMITTED TO DEPARTMENT HEAD OR DESIGNEE WITHIN 30 DAYS OF OCCURRENCE

COPY OF STEP I DECISION TO BE ATTACHED TO THIS FORM

WHEN YOU FILE THIS GRIEVANCE WITH YOUR MANAGEMENT COUNTERPART VIA EMAIL, PLEASE BE SURE TO CC: **CALENDARS@TWULOCAL100.ORG**

DATE RECEIVED: _____ *(NIE TY - wypelnia MTA / NOT YOU - MTA fills this)*

RECEIVED BY: _____