

GRIEVANCE FORM

American Federation of Government Employees Local 513

LOCAL _____ GRIEVANCE CASE NO. _____

NAME OF EMPLOYEE _____ JOB TITLE _____

ADDRESS _____

DEPARTMENT _____ SHIFT _____ OFFICE _____

DATE OF INCIDENT _____ DATE PRESENTED TO SUPERVISOR _____

IMMEDIATE SUPERVISOR _____

STATEMENT OF GRIEVANCE BY EMPLOYEE _____

WHAT SECTIONS OF THE CONTRACT OR AGENCY REGULATIONS OR OFFICE OF PERSONNEL MANAGEMENT RULES OR REGULATIONS OR LAWS APPLY? _____

WHAT AGENCY PRACTICES, CUSTOMS, OR GRIEVANCE SETTLEMENTS (IF ANY) APPLY TO THIS INCIDENT? _____

WHAT OTHER INCIDENTS, STATEMENT OF ACTIONS (IF ANY) RELATE TO THE COMPLAINT AND BY WHOM (GIVE NAME AND TITLE) _____

WHAT ADJUSTMENT IS EXPECTED? _____

EMPLOYEE SIGNATURE _____

STEWARD SIGNATURE _____

PRESIDENT / VICE PRESIDENT SIGNATURE _____

