

GRIEVANCE FORM A (Revised 7/2002)

Union Code:
Agency-Fiscal Yr. Series No.
Mgmt. Code:

BARGAINING UNIT **NP-2**

NAME OF GRIEVANT _____ AGENCY _____

OFFICIAL CLASS TITLE _____ DATE OF ALLEGED VIOLATION _____

SPECIFIC CONTRACT PROVISION VIOLATED (ARTICLE, SECTION) _____

STATEMENT OF GRIEVANCE: (Facts and Issues Involved)

Please see reverse for additional space

SPECIFIC REMEDY REQUESTED:

Please see reverse for additional space

I hereby declare that all statements made herein are true and accurate to the best of my knowledge and I desire representation in this grievance as follows:

My representative will be _____ I will represent myself _____

Signature of Employee

Signature of Representative

DATE FILED AT STEP 1 _____

ANSWER AT STEP I (SUBAGENCY DESIGNEE) *Please see reverse for additional space*

Signature of Respondent

Date of Meeting

Date of Response

