



# Local 804 GRIEVANCE FORM

34-21 Review Ave., Long Island City, NY 11101

Web address: <http://teamsterslocal804.org>

Ph. 718-786-5700, Fax: 718-786-5757

To be completed by person / Steward filing grievance (print).

Member \_\_\_\_\_

Steward \_\_\_\_\_

Union Rep \_\_\_\_\_

Name of initial Employer Representative who heard complaint:

Employer \_\_\_\_\_ Date \_\_\_\_\_

Name of Employer Representative receiving written grievance:

Employer \_\_\_\_\_ Date \_\_\_\_\_

**GRIEVANT INFORMATION** All affected parties including: (Print name) \_\_\_\_\_

Phone (s) \_\_\_\_\_ Hire date \_\_\_\_\_

Job Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_ + \_\_\_\_\_

Job / Classification: \_\_\_\_\_ Building: \_\_\_\_\_ Center / Sort \_\_\_\_\_ Start time \_\_\_\_\_ AM PM

**GRIEVANCE**  Unjust discharge  Unjust suspension  Protest of warning  Pay Claim  Other \_\_\_\_\_

**WHEN** did the violation occur? Date(s) and time(s) \_\_\_\_\_

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

**WHO** managers / supervisors involved? Identify all management personnel involved — indicate their title.

**WHAT HAPPENED?** Briefly write down what happened to cause the grievance. (More room on back of form if needed)

Grievant is on opt-in list but worked more than 9.5 hours three (3) times in a single week.

DAY	DATE	ROUTE	START TIME	LUNCH	END TIME	HOURS WORKED
MON						
TUES						
WED						
THURS						
FRI						

**CONTRACT ARTICLES VIOLATED:** All relevant articles of the contract and past practices including but not limited to:

Article 37 of the National Master Agreement, 9.5 Committee 9.5 Guidelines, Article 3, section 3 of the 804 Supplement (if applicable)

**SETTLEMENT REQUESTED:** The grievant asks 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 a day. Maintain a sufficient workforce. Make grievant whole in every way.

Signature of Grievant (s) \_\_\_\_\_

**GRIEVANCE DECISION Instructions:** Write the decision below or indicate the step and deadlock date. When a decision is reached, sign and date the decision as indicated. Copy and distribute to all parties. Stewards: Send original to the Union Office for filing.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF DECISION \_\_\_\_\_

GRIEVANT'S SIGNATURE (If present) \_\_\_\_\_

FOR THE EMPLOYER ( Signature ) \_\_\_\_\_

FOR THE UNION ( Signature: Steward or Union Rep ) \_\_\_\_\_

FOR THE EMPLOYER ( Please print name ) \_\_\_\_\_

FOR THE UNION ( Please print name ) \_\_\_\_\_

The signatory parties agree to comply with any decision reached, subject to any appeal rights that may be granted in the applicable contract agreement.

**Office Use Only:** Grievance Assigned to: \_\_\_\_\_ Grievance # \_\_\_\_\_