



Local 804 Sups Working Grievance Form www.Teamsterslocal804.org
 34-21 Review Ave., Long Island City, NY 11101 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) _____ UPS ID# _____ 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 **Contract Violation**

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)

Supervision doing bargaining unit work.

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

National Master UPS Agreement: Article 3 Section 7, Local Union 804 Supplemental Agreement: Article 3, Section 7, Article 13 Section 5

SETTLEMENT REQUESTED: The grievant asks to be "made whole" in every way in addition to the following remedy:

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

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 # _____
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