



TRANSPORT WORKERS UNION OF AMERICA

LOCAL 574 • AFL-CIO

Longyear Drive, Negaunee MI. 49866

Phone (906) 360-6513

[TWU Local 574](#)

Maintenance

Ground Support / Inventory Control

STATEMENT OF GRIEVANCE

Name of Employee _____ Employee # _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Classification _____ Station _____

Contract Articles Violated _____ Tracking # _____

Name of Immediate Supervisor _____

Employee's Statement Of Grievance:

**This is a violation of the TWU contract including but not limited to, Article
I am seeking to be made whole in every way including but not limited to,**

I authorize the Transport Workers Union of America as my representative to act for me in the disposition of this grievance.

Date _____ Signature of Employee _____

Signature of Union Officer _____

Presented to Supervisor _____ Date _____ Time _____ Station _____

This Statement of Grievance

**You will need Three (3) copies of this grievance
(2) Copies to the Company
(1) Copy to the Union file**



DISPOSITION OF GRIEVANCE

Decision of Immediate Supervisor:

Date of Decision _____ Signature _____ Supervisor's Title _____

Received _____
Case appealed by _____ Date _____
Decision on First Appeal: _____ Signature of Employee _____

Date of Decision _____ Signature _____ Title of Company Official _____

Received _____
Case appealed to Chief Operating Officer by _____ Date _____
Decision of Chief Operating Officer: _____ Signature of Employee _____

Date of Decision _____ Signature _____

Received _____
How was this grievance finally disposed _____
Signature of person recording final disposition _____ Date _____

Tracking # _____



ARTICLE 21
GRIEVANCE PROCEDURE

First Step (Article 21 Section A)

Contact a Union Steward and complete a grievance form **WITHIN 7 DAYS** of the violation of the contract.

Your grievance **must include:**

1. Your name, employee number, station, shop class, name of immediate supervisor, address, and your contact number(s).
2. Statement of your grievance with language including "This is a violation of the contract **including** Article (whichever is violated)" and " I wish to be made whole in every way including (state what you are requesting)".
3. The date, signature of employee, signature of Union Steward, and date presented to Supervisor.
4. Attach copies on any supporting documentation to the grievance fact sheet. Give as much information as you can that supports the merit of your grievance.
5. Make a front and back copy and give the grievance to your immediate Supervisor.

If your grievance is **DENIED** or **NOT RECEIVED BACK IN 7 DAYS** you (the employee) can appeal to the next step.

Second Step (Article 21 Section B)

1. Put the date received and sign where it says "Case Appealed by". **If your appealing because you did not receive your grievance back:** using the copy of your original grievance. Write "Grievance not received within the time frame. Appealed to next step" in the supervisor decision section.
2. Give grievance to Base Manager (MTX), Manager of Stores (Parts), Manager of QC (Inspections) **WITHIN 10 DAYS**.

If your grievance is **DENIED** or **NOT RECEIVED BACK IN 10 DAYS** you (the employee) can appeal to the next step.



Grievance Fact Sheet

This form is to be **used by the steward** to aid in investigating a grievance. The FACT SHEET outlines the information that will be necessary to develop a strong case. Use additional pages to document all the details. **DO NOT TURN THIS FORM INTO MANAGEMENT. THIS INFORMATION IS FOR THE UNION'S USE ONLY.**

Employee _____ Employee# _____
Date of Hire _____ Date of Classification _____
Classification _____ Station _____
Department _____ Employee Supervisor _____

What Happened? *Also describe incidents which gave rise to the grievance:*

Who was involved? *Give names and titles (include witnesses):*

When did it occur? *Give day, time, date(s):*

Where did it occur? *Specific locations:*

Why is this a grievance? *What is management violating: contract, rules and regulations, unfair treatment, existing policy, past practice, local, state, federal laws, etc:*

What adjustment is required? *What must management do to correct the problem?*

Additional comments. *Use reverse side or additional pages if needed:*

Who was the initial union representative? *The steward or union member with grievant upon first contact with management:*

Grievant's Signature _____ Date _____

Steward's Signature _____ Date _____

