

United Transit Leadership Organization (UTLO)

Contract Interpretation Grievance Form

Grievance Number:

Date Submitted: _____

Union Representative: _____

Employee: _____

Title: _____

Pass: _____

Department: _____

Employee Signature: _____

Telephone Number: _____

Cite Contract Section Number, Written Rule, Working Condition, Resolution or Policy/Instruction the Authority violated:

Detailed Statement of Facts, include dates(s) of occurrence:

Remedy Sought:

ABOVE SECTION MUST BE COMPLETED BY THE EMPLOYEE OR THE UNION REPRESENTATIVE BEFORE A HEARING IS SCHEDULED. GRIEVANCE MUST BE SUBMITTED TO DEPARTMENT HEAD OR DESIGNEE WITH 5 DAYS OF OCCURRENCE

COPY OF THE STEP I DECISION TO BE ATTACHED TO THIS FORM

DATE RECEIVED: _____

RECEIVED BY: _____