

SHARE GROUP, INCORPORATED

COMMUNICATIONS WORKERS OF AMERICA - AFL-CIO
GRIEVANCE REPORT - FIRST STEP

IMPORTANT: COMPLETE FORM FRONT & BACK

GRIEVANCE NUMBER _____ DATE _____

LOCAL _____ DEPARTMENT _____

1. NAME OF AGGRIEVED _____

2. BENEFIT DATE _____ HOME PHONE _____ WORK PHONE _____

3. JOB LOCATION & TITLE OF AGGRIEVED _____

4. WHAT CONTRACT CLAUSE OR CLAUSES ARE INVOLVED? _____

5. DETAILS OF GRIEVANCE _____

OFFICE USE ONLY: Date appeal letter sent _____

Recommended by _____

Was time extension signed _____ yes _____ no

NOTE: Indicate disposition of grievance and forward to Local President at once

_____ Satisfactorily settled _____ Not settled _____ Appealed

(CONTINUED ON BACK)

