

FOR OFFICIAL USE ONLY	
Union Codes:	Agency Fiscal Yr Series No.
Mgmt. Codes:	

NAME OF GRIEVANT _____ AGENCY _____
 DATE OF ALLEGED VIOLATION _____
 OFFICIAL CLASS TITLE _____ BARGAINING UNIT P - 5
 SPECIFIC CONTRACT PROVISION VIOLATED (ARTICLE, SECTION) Article 4, Section 1,

Statement of Grievance (Facts and issues involved)

Specific Remedy Requested

I hereby declare that all statements made herein are true and accurate to the best of my knowledge and I desire representation in this grievance as follows:

My Representative will be _____ I will represent myself.

.....
 (Signature of Employee) Telephone Number _____
 (Signature of Representative)

DATE FILED AT STEP ONE (1) _____
 (Agency Head or Designee)

