

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 sec 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)

.....
 (Signature of Representative)

Contact # _____

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

