International Brotherhood of Electrical Workers
Local Union 1413

REQUEST FOR STEP 1 GRIEVANCE INTERVIEW

Name of Grievant _____ Grievance No. _____

Violation Date _____ Shift/Crew _____

Supervisor Name _____ Date Filed _____

Section of Contract Violated Article 4.1, _____

_____ and any other articles that apply.

GRIEVANCE:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Solution Desired

Make all wages and benefits whole. _____

_____

_____

_____

_____

_____

_____ _____

(Stewards Signature) (Grievant Signature)

Approved:_____ Denied:_____ Date:_____ _____

(Supervisor Signature to show grievance received)

Original to Step 1 Representative; duplicate copies to Grievance file, Grieved Party, Union Relations Representative; Chief Steward, Business Manager of L.U. 1413.