Local No. 71

COMPLAINT FORM

P.O. BOX 669006 • CHARLOTTE, N.C. 28266 • PHONE (704)596-2475

Date____/_____/_____

Name_____

Address_____

City and State_____

Phone (____)_____-_____

Employed By **UPS Center** _____

Classification- **FT Package Car Driver**

Seniority Date ____/____/_____

Type of Complaint- **Excessive Ovetime**

Article Vio. – **Article 37 and all applicable**

Handled by Steward:_____

Received by: _____ **Date** / /

Details:

The company has repeatedly worked me over 9.5 hours on the following days. I ask that this excessive overtime cease and desist immediately and that I be **paid the penalty** of "triple time" for all hours worked in excess of 9.5 on each of the days listed.

Date **Total Hours worked**

Mon.___/___/_____

Tues.___/___/_____

Wed.___/___/_____

Thurs.___/___/_____

Fri. ___/___/_____

DATE AND RESULTS OF LOCAL HEARING:_____

_____

_____

I HEREBY AUTHORIZE TEAMSTERS LOCAL NO. 71 TO REPRESENT ME ON MY COMPLAINT AND I SHALL ABIDE BY ANY DECISION RENDERED.

SIGNATURE OF MEMBER FILING COMPLAINT: _____