



Local 804 GRIEVANCE FORM

34-21 Review Ave., Long Island City, NY 11101

Web address: <http://teamsterslocal804.org>

Ph. 718-786-5700, Fax: 718-786-5757

STEP 1 - Member & Steward Notes

Article 18. Grievance Procedure. A grievance is hereby jointly defined to be any controversy, complaint misunderstanding or observance of any provisions of this Agreement. It is mutually agreed that any difference arising between the Company and the Union or an employee of the Company as to the meaning, application, or observance of the provisions of this Agreement, such differences shall be settled in the following manner: (a) The aggrieved employee or employees shall first take the grievance up with the shop steward who in turn will take the grievance up with the supervisor in charge. Employees shall have the shop steward present on any grievance. Grievances must be submitted to the supervisor within ten (10) days after the occurrence of such grievance.

DESCRIBE THE FACTS OF THE GRIEVANCE

When did the violation occur? Date(s) and time(s) _____

Where did the violation take place? _____

Identify all management personnel involved in this grievance (Name & title).

Briefly describe the grievance - List only the facts of the grievance. (One issue per form is usually best).

Supervision doing bargaining unit work.

CONTRACT ARTICLES VIOLATED: All relevant articles of the contract and past practices including but not limited to:

National Master UPS Agreement: Article 3 Section 7, Local Union 804 Supplemental Agreement: Article 3 Section 7, Article 13 Section 5

SETTLEMENT REQUESTED: The grievant asks to be "made whole" in every way in addition to the following remedy:

Maintain a sufficient workforce with bargaining unit employees with double shifting, early call-in, 6th day work, overtime, and new job creation. All monies due to make grievant whole including benefit contributions.

GRIEVANT INFORMATION - [Print name] _____ [Sign Name] _____

Phone # _____ Employee ID: _____ Seniority date: _____ Pay rate(s) _____

Job / Classification: _____ Building: _____ Center / Sort _____ Start time _____ AM PM

STEWARD'S REPORT OF STEP 1 RESPONSE - Steward's Name _____

Supervisor's Name: _____ Date grievance was discussed with the supervisor: _____

Steward Notes: _____

IF GRIEVANCE SETTLED AT STEP 1: If there is a satisfactory settlement to the grievance at step 1, check this box, write the grievance settlement at the bottom of page 2 of this grievance processing form and have the parties sign the decision. Pass the signed settlement to your Business Agent.

IF GRIEVANCE NOT SETTLED AT STEP 1: If a satisfactory settlement is not effected with the supervisor within one (1) working day, the employee shall submit such grievance to the Union's representative in writing. Steward, check this box and immediately pass this grievance processing form to your Union Representative for Step 2 of the grievance procedure. In the space below write the supervisor's reason for denying the grievance.

EMPLOYER'S STEP 1 RESPONSE : _____



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STEP 2 - Union Agent Section

Article 18. Grievance Procedure. (b) If no satisfactory adjustment is agreed upon, the matter shall, within ten (10) days after step 1, be referred in writing by an Officer of the Union to the Division Manager of the Company or some other Executive Officer of the Company with the authority to act, who shall review the alleged grievance and offer a decision in writing within two (2) working days after receipt of same.

UNION AGENT - COMPLETE THE FOLLOWING INFORMATION GRIEVANCE # _____

Date this grievance was referred (in writing) to Management in accordance with step 2: _____ Hand delivered Faxed Emailed Other _____

Name & title of Manager receiving this written grievance. _____

UNION AGENT'S RECORD OF HEARING(S) - List the date(s) for all hearings with management regarding this grievance.

Take any notes of the hearing(s) on a separate sheet and attach to this grievance.

Date _____ Union Agent _____ Manager _____

Date _____ Union Agent _____ Manager _____

Date _____ Union Agent _____ Manager _____

Date _____ Union Agent _____ Manager _____

MANAGEMENT STEP 2 RESPONSE SECTION: The manager to whom the written grievance was sent has two (2) working days from the receipt of the grievance to respond, in writing. This time limit may be extended by mutual agreement. If no hearing is scheduled and / or the grievance is not settled, have the Manager who received this grievance write his / her decision regarding this grievance in the space below or attach a copy of the Manager's written response to this grievance. If there is no timely response or the response is not written, indicate that below.

DATE OF RESPONSE _____

Name & Title of Employer Representative _____

SETTLEMENT SECTION - If the grievance is settled, write the decision below. All parties should sign and date the decision as indicated. Copy and distribute to all parties as requested. Deliver the original to the Union Office for filing.

DATE OF GRIEVANCE DECISION _____

GRIEVANT'S SIGNATURE (If present for decision) _____

FOR THE EMPLOYER (Signature) _____

FOR THE UNION (Signature: Steward or Union Rep) _____

FOR THE EMPLOYER (Please print name) _____

FOR THE UNION (Please print name) _____

The signatory parties agree to comply with any decision reached, subject to any appeal rights that may be granted in the applicable contract agreement.