REPORT OF LOCAL 21, IBEW GRIEVANCE CBRE

UNIT #	DATE	//	GRIEVANC	E #	
UNION STEWARD		GRIEVANT:	COMPAN	COMPANY REPRESENTATIV	
Name		Name	Signat	Signature	
Dept.	<u></u>	Title	D	ate//	
Location:		Home Phone			
		Work Phone			
Grievance originated	by:	Individual*	Group	Union Rep.	
*	(If individ	ual what is Grieva	int's hire date//)	
General Classification	of Grieva	ance-			
Absence PayDist		tress Pay	Promotion	Vacation	
Contract WorkHoliday		day Pay	Shift Prof.	Work Conditions	
DemotionMgmt vs. Craft W		nt vs. Craft Work	Suspensions	Work Jurisdiction	
Discrimination	DiscriminationOvertime		Temp. Supvr.	Work Schedule	
Dismissal	Pre	mium Pay	Transfers & Deta	ailsOther	
IMPORTANT: ALL INF PROCEEDING TO NE	FORMAT EXT SEC	ON REQUESTED	le Sec O ABOVE MUST BE Co		
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Page 2	GRIEVANCE #
What action did the Co	ompany take.(Include copies of any supporting documents)
Date	Brief Summary
//	
State Union Position	
Company s Position	
Union demand for sett	lement:
If demand includes bac include a copy of curr Name	ck pay, indicate name(s) of member(s) and work location, If a group or list ent seniority list Work Location

IF GRIEVANCE INVOLVES DISCIPLINARY ACTION, COMPLETE PAGE 3. IF GRIEVANCE DOES NOT INVOLVE DISCIPLINARY ACTION, GO TO PAGE 4.

DISCIPLINARY ACTION: COMPLETE APPROPRIATE SECTIONS

Type of disciplinary action taken:								
Suspension: length of suspension								
Demotion:	From title	to title	_Date					
Wage Progression Deferment: Length of Deferment								
Dismissal: Effective Date (last date on payroll)								
Other(type) Union notification:WrittenVerbal								
D	ate//To	Ву						
List progressive disciplinary action taken in sequential order.								
Date	Attachment*	Brief Explanation						
								

^{*}Letters, Memos, etc; also, indicate grievance number for any disciplinary action which may have been grieved.

LOCAL 21 IBEW, GRIEVANCE REPORT Page 4 GRIEVANCE #_____ List dates of meetings, names titles and notes of management people Name & Title Date Notes Grievant's signature_____ Steward's signature_____ District level review: Date : _____ Union representatives Company representatives State any change in Union or Company positions: Disposition:

To Business Representative ___

(Name)

(Date)