



AFSCME LOCAL 88 OFFICIAL GRIEVANCE FORM

Name of Employee:

Department:

Job Classification:

Work Location:

Immediate Supervisor:

Supv. Title:

STATEMENT OF GRIEVANCE: *(List applicable violation)*

ADJUSTMENT REQUIRED:

I authorize AFSCME Local 88 as my representative to act for me in the disposition of this grievance

Date: _____ Signature of Employee:

Signature of AFSCME Representative: _____ Title:

Date Presented to Management: _____

Signature of Management Representative: _____ Title:

Disposition of Grievance

THIS STATEMENT OF GRIEVANCE IS TO BE MADE OUT IN TRIPLICATE, ALL THREE COPIES ARE TO BE SIGNED BY THE EMPLOYEE AND/OR AFSCME REPRESENTATIVE HANDLING THE CASE, & MANAGEMENT REPRESENTATIVE, One copy goes to the Management Representative, One copy goes to the AFSCME Representative and one copy goes to the AFSCME Office for Local's grievance files. An extra copy may be given to the grievant