



GRIEVANCE FORM

INTERNATIONAL BROTHERHOOD OF TEAMSTERS

LOCAL 986

AIRLINE DIVISION

Log #:	_____
Date Opened	_____
Date Closed	_____
Business Rep	_____
FOR OFFICE USE ONLY	

MEMBER'S NAME _____ CLOCK # _____

MEMBER'S ADDRESS _____

HOME PHONE _____ CELL PHONE _____

JOB TITLE _____ WORK AREA & SHIFT _____

CRAFT SENIORITY DATE - mo ____ day ____ yr. _____ HOURLY BASE RATE OF PAY _____

STATION _____ IMMEDIATE SUPERVISOR _____

Specify the article(s) of the Agreement which supports the claim, this would include but be limited to:

Employee's statement of grievance, describe the action giving rise to the complaint:

What is the remedy and/or relief sought?

Member's Signature _____ Date _____

Steward's Signature _____ Date _____

Decision of immediate supervisor or designee:

Supervisor's Signature _____ Title: _____ Date _____

Member's Signature _____ Accepted _____ Rejected _____

Steward's Signature _____ Date received _____

I hereby authorize the Airline Division of TEAMSTER LOCAL 986 to act for me in the disposition and settling of this grievance.

Member's Signature _____ Date: _____