

NOTE: All information must be typed or printed

Official Grievance Form Fleet Service

Fleet Service International Association of Machinists and AerospaceWorkers

61681

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Employee Name	Employee I	No.	Dept. No.		Occurred At (Time) M PM	Date Filed
	Employee	Classification	Station No.	On (Date)	(IVI	
Statement of Grievance	Presented for Settle	ement (Indicate	e provisions of o	contract or comp	any policy, if known)	
I hereby authorize the IA representing and settling	AMAW, District 141, g this grievance.	with full power	r of attorney, to	represent me in	all stages of grievance	procedure in
Signed	Witness			Signed	Witness	
STEP ONE DECISION	vvitness		D	ato and Time	vvitness	
STEP ONE DECISION	Date and Time Received by Company					
×						
Company Representative			C	ocal ommittee epresentative		
Action Taken	Signature/Date	Title			Signature/Date	Title
STEP TWO DECISION						
Date Discussion HeldAnswer				Date Received		
Answer						
Company			C	ocal committee		
	Signature/Date	Title		epresentative	Signature/Date	Title
Action Taken						
Distribution:	Distribution: White – Forward for Processing Yellow – Forward for Processing Green – Forward for Processing Pink – 1st Step Supervisor					US-0112 R0 04/08