

TWU-IAM Association Discipline Grievance Form - Fleet



Grievance Number:		Date of Violation		
Name of Station Manager/	Director or Customer Service	e Director:	eciolatic via papere	THE SECTION SE
Employee Information				
Name:		Employee Number:		
Address:		Station:	IAM/TWU	
Alyan		Classification:	Transport the state of the stat	
Email:		Phone:	.spensibil galesament Oblik.	
	arges American Airlines with the Collective Bargain	ing Agreement wh		provisions of
Grievance Type:	Discharge/Suspension	Other than Discharge/Suspension		
Statement of Grievance:				
Statement of Remedy:				
- ,				
I authorize the TWU/IA Signature of Grievant:	M Association, as my represe	entative, to act on i	ny behalf in the disposition of thi Date:	s grievance.
Signature of Grievant			Date.	

Date of Hearing Request: _	He	earing Decision (NA if not requested):
Date of Decision:	Station Director/Manager Signature:	Title:
Date Received by Union: _	Date appealed to Step 2:	Step 2 Decision:
Date of Decision:	Station Director/Manager Signature:	Title:
For Discharge/Suspension	grievances ONLY:	Hearing Decision:
to enalground ranto site	can Airlines with validions of the following articlels) and	
Date of Decision:	Customer Service Director Signature:	Title:
	unin usta giodina di productioni di	500cm ay1 9.0609 6
Case Appealed to Step 3 by	te: <u>annoned to disense</u> (s)	
	Step 3	Decision of Grievance Review Board:
Date of Decision:		
Was mediation mutually ag	greed to? Y N Mediation out	come (N/A if not mutually agreed to):
		ylmasilh menemr
ă.		
How was this Grievance Fir	nally Resolved?	
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