

## **ENVOY PASSENGER SERVICE GRIEVANCE FORM**

| GRI   |  | IEVANCE #                            |                      | YEAR:               |       |
|---|--|--------------------------------------|----------------------|---------------------|-------|
| EMPLOYEE<br>NAME:   | EMPLOYEE NO.                                   | AG                                   | ENT CLASSIFICAT      | ION: LOCAT          | ΓΙΟΝ: |
|   | STATEMENT C                                    | F GRIEVANO                           | CE                   | •                   |       |
| DATE GRIEVANCE<br>EVENT OCCURRED:   | DATE OF UNION NOTIFICATION DATE BY MANAGEMENT: |                                      |                      | DATE FILED:         |       |
| DATE RECEIVED BY MANAGEMENT:  | MANAGERS NAME:                                 |                                      | MANAGER              | MANAGERS SIGNATURE: |       |
| ARTICLE(S) OF CONTRACT VIOLATED: Including any and a  | Ill articles of the contract, c                | ompany policies, state               | e and federal laws t | hat apply.          |       |
|   | GRIEVANCE                                      | SUMMARY:                             |                      |                     |       |
|   |  |                                      |                      |                     |       |
|   |  |                                      |                      |                     |       |
| REMEDY REQUESTED:   |  |                                      |                      |                     |       |
|   | E NAV ENADI OVEE EUE AL                        | ND ALL FILES AND F                   | WDENCE DELEVA        | NIT TO THIS ODIEW   | ANGE  |
| I AUTHORIZE MY UNION TO EXAMINE MY EMPLOYEE FILE AND ALL FILES AND EVIDENCE RELEVANT TO THIS GRIEVANCE.  SIGNATURE EMPLOYEE: STEWARD (PRINT): |  |                                      |                      |                     |       |
| STEP ONE DECISION:  |  |                                      |                      |                     |       |
| DATE ISSUED BY MANAGEMENT: DATE RECEIVED BY UNION:  |  |                                      |                      |                     |       |
| SIGNATURE (MGMT REPRESENTATIVE)   |  | SIGNATURE OF UNION (REPRESENTATIVE)  |                      |                     |       |
| PRINT NAME (MGMT REPRESENTATIVE)  | PRINT NAME (UNION REPRESENTATIVE)              |                                      |                      |                     |       |
| STEP ONE: ACCEPTED: APPEALED:   | DATE FILED BY UNION:                           |                                      | DATE RECEIVI         | ED BY MGMT:         |       |
| STEP TWO DECISION:  DATE ISSUED BY MANAGEMENT:  DATE RECEIVED BY UNION:   |  |                                      |                      |                     |       |
| DATE ISSUED BY WANAGEWENT.  |  | DATE RECEIVED B                      | T ONION.             |                     |       |
|   |  |                                      |                      |                     |       |
| SIGNATURE (MGMT RERESENTATIVE)  |  | SIGNATURE OF (UNION REPRESENTATIVE): |                      |                     |       |
| PRINT NAME (MGMT REPRESENTATIVE):   |  | PRINT NAME (UNION REPRESENTATIVE):   |                      |                     |       |
| STEP TWO: ACCEPTED: APPEALED:   | DATE FILED BY UNION:                           | - DEGICION                           | DATE RECEIVE         | D BY MGMT:          |       |
| DATE ISSUED BY MANAGEMENT:  DATE RECEIVED BY UNION:   |  |                                      |                      |                     |       |
| DATE 1330LD DT WIANAGEWENT.   |  | DATE RECEIVED B                      | I CINICIN.           |                     |       |
|   |  |                                      |                      |                     |       |
| SIGNATURE (MGMT REPRESENTATIVE):  |  | SIGNATURE (UNION REPRESENTATIVE):    |                      |                     |       |
| PRINT NAME (MGMT REPRESENTATIVE:  |  | PRINT NAME (UNION REPRESENTATIVE):   |                      |                     |       |
| STEP THREE: ACCEPTED: APPEALED:   | DATE FILED BY UNION:                           |                                      | DATE RECEIVE         | ED BY MGMT:         |       |