



TRANSPORTATION COMMUNICATIONS UNION GRIEVANCE FORM

Name:	_____	Badge #:	_____
Address:	_____		
City:	_____	State:	CA. _____
Home Ph:	_____	Zip Code:	_____
Work Location:	_____	Sign in:	_____
Job Title:	_____	Sign off:	_____
Roster Seniority:	_____	Pay Rate:	_____
Comp. Seniority:	_____	Rest Days:	_____
Work Ph:	_____		_____

IF THIS IS A TIME CLAIM PLEASE STATE THE POSITION AND DATES BEING CLAIMED.

Job Title:	_____	Location:	_____	Dates:	_____
Sign on:	_____	Sign off:	_____	Rate of pay Claimed:	\$ _____
Rest day:	_____	Who worked vacancy:	_____	Badge:	_____
TCU:	<input type="checkbox"/>	ATU:	<input type="checkbox"/>	Non-Contract:	<input type="checkbox"/>
AFSCME:	<input type="checkbox"/>	Other:	_____		

What article(s) of the contract or work rule do you think was violated? Be specific.

Please state a brief summary of you grievance. Give dates, times, locations and names.

What remedy do you seek? What do you want Metro to do about your complaint?

Employee Signature:	_____	Date:	_____
Submitted to Metro by:	_____	Date:	_____
Metro Signature:	_____	Date:	_____