



TRANSPORTATION COMMUNICATIONS UNION
TCU LOCAL 1315
GRIEVANCE FORM

NAME: \_\_\_\_\_ BADGE: \_\_\_\_\_
JOB TITLE: \_\_\_\_\_ DAYS OFF: \_\_\_\_\_ SHIFT: \_\_\_\_\_
WORK LOCATION: \_\_\_\_\_ ROSTER SENIORITY: \_\_\_\_\_
HOME ADDRESS: \_\_\_\_\_
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_
CELL #: \_\_\_\_\_ EMAIL: \_\_\_\_\_ HOME #: \_\_\_\_\_

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

DATE(S): \_\_\_\_\_ SIGN ON: \_\_\_\_\_ SIGN OFF: \_\_\_\_\_
LOCATION: \_\_\_\_\_ RATE OF PAY CLAIMED: \_\_\_\_\_
JOB TITLE: \_\_\_\_\_ DAYS OFF: \_\_\_\_\_
NAME OF PERSON WORKING VACANCY: \_\_\_\_\_ BADGE: \_\_\_\_\_
THEIR UNION AFFILIATION: [ ] TCU [ ] ATU [ ] AFSCME [ ] OTHER: \_\_\_\_\_

Date you became aware of the event leading to the grievance:

Please state a brief description of the grievance, including dates, times, names of persons involved if any.

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

Proposed solution to your grievance:

GRIEVANT: It is your responsibility to mail or deliver a copy of this grievance to the TCU Local Chairman, Michael Winston.
Mail: P.O. Box 1889, Los Angeles, CA 90001. Or email: Winstonm@metro.net
File a copy of this form with your immediate Supervisor and retain a copy for your records.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Submitted to Metro by: \_\_\_\_\_ Date: \_\_\_\_\_
Metro Received Signature: \_\_\_\_\_ Date: \_\_\_\_\_