



United Transportation Union
Grievance Fact Sheet for Local 582

This form is to be used by the local committee of adjustment in investigating a grievance. The FACT SHEET outlines the information that will be necessary to develop a strong case. If necessary, use additional pages, including computer printouts, and document all the details. DO NOT TURN THIS FORM IN TO MANAGEMENT!!! THIS INFORMATION IS FOR THE UNIONS USE ONLY!!!

NOTE** ALL ITEMS MUST BE FILLED OUT ON THIS FORM OR CLAIM MAY NOT BE PROCESSED ******

NAME _____ CN PIN NUMBER _____

HOME TERMINAL _____ YOUR PHONE # _____

TYPE OF VIOLATION _____

ARTICLE(S) OF CURRENT AGREEMENT THAT WERE VIOLATED (MUST HAVE - BE SPECIFIC)

(EXAMPLE: ARTICLE 8 Section 1 Para b.) _____

DATE/TIME OF VIOLATION _____ CREW MBRS _____

JOB YOU HELD ON BIDS AT TIME OF VIOLATION INCLUDING YOUR REST DAYS BEFORE AND AFTER DATE OF INCIDENT (INCL COPY) _____

NAME OF AND TITLE OF CN MNGR/CREW CALLER ALONG WITH DATE, TIME THAT ISSUED INSTRCTS REGARDING THE VIOLATION WERE GIVIN TO YOU _____

WHAT HAPPENED-DESCRIBE INCIDENT (INCLUDE ADDITIONAL PAGES IF NESSECARY)

GRIEVANT'S
SIGNATURE _____ DATE _____

PLEASE INCLUDE COPIES OF JOB BIDS SHOWING YOUR NAME AND JOB, ALSO ANY COPIES OF CATS PAGES THAT WOULD HELP IN YOUR BEHALF (DENIALS ETC).
USE ADDITIONAL PAGES IF REQUIRED TO EXPLAIN WHAT HAPPENED AND INCLUDE OTHER CREW MEMBERS AND ANY DETAILS YOU THINK MAY HELP YOUR CLAIM!!!