

## LOCAL UNION NO. 295

## AFFILIATED WITH THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS

33 W. Hawthorne Ave. Suite 29 Valley Stream, NY 11580 Office: 516-568-1970 Fax: 516-568-1973

Company: Station Code: Clerical Unit Driver Unit (Please Check One)  Greivant Cell Phone #:	Name of Grievant(s):		Date:	Case No:
Grievance   Step 1:	Company:	Station Code:	Clerical Unit	Driver Unit
Nature of Grievance:	Greivant Cell Phone #:			ase Check One)
Nature of Grievance:	Grievance:			
Remedy Sought:				
Remedy Sought:  Step 1:  Supervisor's Signature:  Step 2:  Date:  Different (s)'s Signature:  Shop Steward's Signature:  Witness's Signature:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:				
Remedy Sought:				
Remedy Sought:  Step 1:  Supervisor's Signature:  Step 2:  Date:  Different (s)'s Signature:  Shop Steward's Signature:  Witness's Signature:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:				
Step 1:				
Step 1:				
Step 1:	Remedy Sought:			
Supervisor's Signature:				
Supervisor's Signature:				
Supervisor's Signature:				
Supervisor's Signature:	Step 1:			
Step 2:				
Step 2:				
Step 2:				
Step 2:	Supervisor's Signature:			Date:
DFSM or SSM: Date:  Grievant(s)'s Signature: Date: Shop Steward's Signature: Date: Witness's Signature: Date:				
Grievant(s)'s Signature: Date: Shop Steward's Signature: Date: Witness's Signature: Date:	Бир 2.			
Grievant(s)'s Signature: Date: Shop Steward's Signature: Date: Witness's Signature: Date:				
Grievant(s)'s Signature: Date: Shop Steward's Signature: Date: Witness's Signature: Date:				
Grievant(s)'s Signature: Date: Shop Steward's Signature: Date: Witness's Signature: Date:	DFSM or SSM:			Date
Shop Steward's Signature: Date: Date:	DI DIVI VI DDIVI.			Duic
Shop Steward's Signature: Date: Date:	Grievant(s)'s Signature:			Date:
Witness's Signature: Date:				
Supervisor's Signature: Date:	-			
	Supervisor's Signature:			<b>Date</b> :