ATU 1287 Grievance Form

Reference Number _____

Name _____

Phone _____

Job Title _____

Shift _____

Rate of Pay _____

Seniority Date _____

Date filed _____

Union Rep _____

Company Rep _____

Response_____

Second Step Date _____

Union Rep_____

Company Rep _____

Response_____

Third Step Date _____

Union Rep_____

Company Rep_____

Response_____

State briefly and plainly why you are grieved, and what remedy you seek.

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Signature_____

2nd step extended to _____ KCATA_____Union_____
DATE

3rd step extended to _____ KCATA_____Union_____
DATE