GRIEVANCE

TEAMSTERS LOCAL UNION NO. 79

Affiliated with the International Brotherhood of Teamsters

5818 E. M.L. King, Jr., Blvd. • Tampa, FL 33619
(813) 621-1391 • 1-800-741-3500

LOCAL UNION USE ONLY

Copies _____ Add _____
Employer _____
Steward _____
BA _____

PLEASE PRINT LEGIBLY

Employee Name _____
First M.I. Last

Address _____

City _____ State _____ Zip _____

Seniority Date: _____/ _____/ _____ Classification: _____

SS# (last 4) ___ ___ ___ ___ Phone (_____) _____

Employer Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

State the nature of the grievance, including dates, names and places. Specify Contract Violation by Article and Section Number. In order to assist the Local Union in the processing of this grievance, the grievant agrees to furnish evidence, witnesses and documentation in support of this grievance.

CONTRACT VIOLATION: Article: _____, Section: _____ Date of alleged violation: _____

GRIEVANCE _____

REMEDY SOUGHT: _____

I understand and agree that the Local Union has the final authority in processing, presenting and adjusting any grievance, complaint, or dispute, in such manner as the Local Union, its affiliate Officers and/or Business Representative may consider to be in the best interest of the Local Union. I also understand and agree that the Local Union and its Officers and/or Business Representatives may decline to process a grievance, dispute, or complaint, if in their judgment, it lacks merit.

_____ _____
Employer / Supervisor Signature Grievant's Signature

_____ _____
Date Received Steward's Signature

BUSINESS REPRESENTATIVE'S PROCESSING

Grievance No. _____ Date met with employer: _____

_____ _____

Grievant Employer

_____ _____

Union Representative Steward

Facts: _____

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Disposition: _____

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