

CWA LOCAL 1037 GRIEVANCE FORM

CITY OF NEWARK

GRIEVANCE TYPE: DISCIPLINE _____ CONTRACTUAL _____ OTHER _____

EMPLOYEE'S NAME:

TITLE:

SECTION/DEPARTMENT:

HOME ADDRESS:

STATEMENT OF GRIEVANCE: _____

REMEDY SOUGHT: _____

STEP ONE

WITNESSES MAY INCLUDE:

Signature of Employee _____ Date _____

Received by:

Signature of Management Representative _____ Date _____

Step One Decision: _____

Signature _____ Date of Hearing _____
Management Representative

Employee: _____ I acknowledge settlement of my Grievance or
_____ I appeal to STEP TWO

Signature _____ Date _____

STEP TWO

WITNESSES MAY INCLUDE:

Signature of Employee _____ Date _____

Received by:

Signature of Management Representative _____ Date _____

Step TWO Decision _____

Signature _____ Date of Hearing _____
Management Representative

Employee: _____ I acknowledge settlement of my Grievance or
_____ I appeal to STEP THREE

Signature _____ Date _____

STEP THREE

WITNESSES MAY INCLUDE:

Signature of Employee _____ Date _____

Received by:

Signature of Management Representative _____ Date _____

Step THREE Decision _____

Signature _____ Date of Hearing _____
Management Representative

Employee: _____ I acknowledge settlement of my Grievance or
_____ I appeal to STEP FOUR

Signature _____ Date _____

STEP FOUR

WITNESSES MAY INCLUDE:

Signature of Employee _____ Date _____

Received by:

Signature of Management Representative _____ Date _____

Step **FOUR** Decision _____

Signature _____ Date of Hearing _____
Management Representative

Employee: _____ I acknowledge settlement of my Grievance or
_____ I appeal to STEP FOUR

Signature _____ Date _____

STEP FIVE (NON DISCIPLINARY)

(Local use only)

APPEAL TO ARBITRATION: YES _____ NO _____

LOCAL STAFF SIGNATURE DATE _____