UAW LOCAL 6950 STEP 1 GRIEVANCE FORM

Request Step 1 Hearing? ☐

Allegations of a violation of the GEU-UAW/UCONN Agreement covering Graduate Employees shall be filed on this form. See the GEU-UAW/UCONN Agreement for details regarding the filing of a grievance. You must provide the information marked with an asterisk (*) in accordance with Article 25 Section 3, Grievance and Arbitration Procedure.

GRIEVANT'S NAME*
LAST **FIRST NAME** **MIDDLE INITIAL**

GRIEVANCE NUMBER (INTERNAL USE)

TODAY'S DATE: *
/ /

POSITION/TITLE *
GA Other:

GRIEVANT'S HIRING DEPARTMENT*

GRIEVANT'S CELL PHONE NUMBER*

NAME OF GRIEVANT'S IMMEDIATE SUPERVISOR, TITLE, AND TELEPHONE NUMBER*

ADDRESS & EMAIL FOR CORRESPONDENCE
GEU-UAW Local 6950
1734 Storrs Rd, Storrs, CT 06268
uconngradunion@gmail.com

GEU-UAW REPRESENTATIVE NAME

GEU-UAW REPRESENTATIVE EMAIL

GEU-UAW REPRESENTATIVE CELL

DATE OF ALLEGED VIOLATION
(Max 30 days ago)
/ /

DATE OF INFORMAL MEETING WITH SUPERVISOR
/ /

RESPONSE FROM SUPERVISOR

DATE OF INFORMAL MEETING RESPONSE
/ /

TYPE OF GRIEVANCE:*
- ☐ **INDIVIDUAL**
- ☐ **GROUP (LIST ALL NAMES)**
- ☐ **UNION**

ARTICLE(S) & SECTION(S) OF THE GEU-UAW AGREEMENT ALLEGED TO BE VIOLATED*

DESCRIPTION OF ALLEGED VIOLATION OF THE AGREEMENT.* PLEASE DESCRIBE THE FACTS AND CIRCUMSTANCES (INCLUDING DATES) THAT EXPLAIN HOW THE ARTICLE(S) AND SECTION(S) WERE VIOLATED. (ATTACH SEPARATE SHEET OF PAPER IF NEEDED.)

REMEDY REQUESTED:

GRIEVANT'S SIGNATURE*

DATE
/ /

GEU-UAW REPRESENTATIVE SIGNATURE

DATE
/ /