

**United Public Service Employees Union
EMPLOYEE CONTRACT GRIEVANCE**

<u>Employer</u>		
Please refer to your union contract for specific information regarding employee grievance procedures and time frame requirements. Contact your UPSEU Representative for any assistance.		
<u>Grievant's Name</u>	<u>Home Telephone Number</u> ()	
<u>Home Address (Number and street)</u>	<u>(City)</u>	<u>(State)</u> <u>(Zip Code)</u>
<u>Department</u>		
<u>Position Classification</u>	<u>Normal Work Hours</u>	<u>Work Telephone Number</u> ()

REPRESENTATION INFORMATION

UPSEU Representative's Name

GRIEVANCE INFORMATION

Date of Action Causing Grievance	Date of Informal Discussion with Immediate Supervisor	Date of Informal Response
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Grievance Description (Clear, concise statement. Attach additional sheets if necessary)

Specific Article(s) and Section(s) of contract allegedly violated	
Specific Remedy Sought	
Grievant's Signature	Date Filed