

LOCAL UNIT NUMBER

OPEIU HEALTHCARE PENNSYLVANIA
OPEIU Local 112, AFL-CIO

NUMBER

GRIEVANCE FORM

OPEIU Office Use Only

GENERAL INFORMATION: (Please complete in entirety)

Name of Grievant _____ Grievant Signature _____
Home Address _____ City _____
State _____ ZIP _____ Home Phone _____ Work Phone _____
Grievant's Job Title or Classification _____
Employer Name _____

STATEMENT OF GRIEVANCE:

BASIS OF GRIEVANCE:

_____ Violation of contract article(s) / section(s)
and all other applicable article(s) / section(s). _____
_____ Violation of established practice _____ Violation of applicable law or regulation
_____ Violation of rule/policy/procedure _____ Other (specify) _____

REMEDY DESIRED:

STEP I Submitted to _____ Response _____
Name/Title Date Name/Title Date
STEP II Submitted to _____ Response _____
Name/Title Date Name/Title Date
STEP III Submitted to _____ Response _____
Name/Title Date Name/Title Date

Date Resolved _____
Local Unit Representative _____ Date _____
OPEIU Staff Labor Representative _____ Date _____

This grievance has been resolved to my satisfaction _____
Grievant Name / L. U. Officer Date