

WESTERN MICHIGAN AREA LOCAL #281 (APWU)
Grievance Complaint Sheet/Information (Overtime Violations)

Complete and submit to your steward (contact the union office directly if no steward is available at the below numbers)

Employee Name _____ Emp. ID# _____

Full Address (Include City and Zip) _____

Phone Number _____ Seniority/Hire Date _____

Work Hours _____ SDOs _____

Step/Level _____ Place of Work/Pay Loc. _____

Supervisor's Name _____ Veteran? _____ Today's Date _____

FTR PTF NTFT PSE

Complete and Accurate Details of Event(s) :

On, _____ Date of Infraction/ Violation, the following employees: _____

_____ State each employee's name who were given overtime was/were

given overtime, and I was not. I have/was: _____ State the reason you feel you were bypassed (e.g. More seniority, next in rotation, etc.)

_____ in the

area/section in violation of the National Agreement. The following bargaining unit employees

were in the section/area at this time and also witnessed this/these violation(s):

Additional Comments: _____ List any additional information regarding this violation you think may be pertinent.

Signature/Date _____

(Use reverse for more space)