



Connecticut Merged Branch 20

GRIEVANCE WORKSHEET

To be completed by steward before Step A Filing Discussion

Grievant's Name (or Class)	Steward's Name	Grievance No.
Station	Job Classification Check applicable box(s)	REG JUMPER CCA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Violation National (Art. & Section)	Local (Art. & Section)	Other (Explain)
Facts of Grievance Date(s)	Time	Location
EXACTLY WHAT HAPPENED		
CORRECTIVE ACTION REQUESTED		
Fill out below immediately after Step A Filing Discussion with supervisor		
Date of meeting	Supervisor (Name and Title)	Date of decision
Resolved as follows <input type="checkbox"/>		
Denied (State reason) <input type="checkbox"/>		
FOR NALC BRANCH 20 USE ONLY		