

CONNECTICUT MERGED BRANCH 20
TOM SAGNELLA, PRESIDENT
200 East Main Street • Meriden, CT. 06450
(203) 634-7579 • FAX: (203) 634-0175

GRIEVANCE TIME AND/OR INFORMATION REQUEST

Date of request: ____/____/____ Grievant/Class: _____

General reason for request: _____

Amount of steward time requested: _____

To: _____ Title: _____

From: _____ Title: NALC BR. 20 STEWARD

I request that the following information and/or documents be made available to me in order to investigate whether or not a grievance exists.

1. _____
2. _____
3. _____
4. _____

I request that the following witnesses be made available to me in order to Investigate whether or not a grievance exists.

1. _____
2. _____
3. _____
4. _____

Request approved.

Request denied. Reason for denial: _____

Time and/or material will be provided on: Date: ____/____/____ Time: _____

Signed: _____ Date: ____/____/____