



IBEW LOCAL 363

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GRIEVANCE REPORT

Company:

IBEW Local Union No 363

Grievant:

Submitted By:

Department:

Alleged Violation of Article:

Page:

Grievance #:

Address:

Division, Unit:

Classification:

Submitted to:

Section:

(Specific nature of grievance. The occurrence, date and circumstances causing the grievance should be covered enough in detail to permit easy identification of alleged violation).

Date Submitted:

Signed:

COMPANY FIRST STEP ANSWER:

Date:

UNION SECOND STEP:

Date:

COMPANY SECOND STEP ANSWER:

Date:

DECISION - SETTLED OR ARBITRATED:

Date:

The Grievance was settled by paying him 8hrs Holiday Pay
