

LOCAL PRESIDENT'S GRIEVANCE CHECK OFF LIST

PLEASE FILL OUT THIS FORM AND SUBMIT IT ALONG WITH THE ENTIRE GRIEVANCE FILE TO THE REGIONAL VICE PRESIDENT:

LOCAL: _____ GRIEVANCE NO.: _____

GRIEVANT: _____

ISSUE: _____

COMPANY _____ SITE: _____

Employer contact person: (Name, Title, Address, Telephone, email)

FILE CONTAINS: PLEASE CHECK



- 1. The grievance.
- 2. Grievant's history (*seniority, work record, disciplinary record, attendance record.*)
- 3. The answers of both the Company and the Union in the early steps of the grievance procedure.
- 4. The appeal to arbitration from the Union to the Company.
- 5. A summary by the Local President on why the case should go to arbitration.

Please include any other relevant information:

- ✓ Copy of contract, if not previously forwarded to the International.
- ✓ Witness statements, if any.
- ✓ Any relevant maps, diagrams, photographs, etc.
- ✓ Any relevant notes, minutes, letters, memos, etc.
- ✓ Any relevant Company rules, regulations, handbooks, etc.
- ✓ Any relevant prior arbitration awards, either for the guard unit or P&M unit of the same plant or the same company.
- ✓ Any relevant prior grievances or grievance settlements.
- ✓ Address and phone number of grievant and all witnesses.



PLEASE MAKE SURE GRIEVANCE IS TIMELY

INFORMATION ON GRIEVANCE TIME LIMITS

RE: LOCAL UNION: _____

COMPANY: _____ **SITE:** _____

GRIEVANCE NO: _____

GRIEVANT: _____

ISSUE: _____

Please check:



the **Grievance and Arbitration** section of your current Collective Bargaining Agreement and indicate below information with regard to **TIME LIMITS**. (Indicate when the time limits expire, by which date an arbitrator is to be selected, whether the time limits have been extended, etc.)

	<u>Due Date</u>	<u>Date Completed</u>
Step Three Answer or	_____	_____
Final Step prior to Request for Arbitration	_____	_____
Request for Arbitration	_____	_____
Attempt to Select Arbitrator	_____	_____
Request for FMCS Panel	_____	_____

Time to (request arbitration, apply to FMCS) has been extended to _____ (date).

Time extended by _____ (Company Rep) by letter ____ oral ____ on _____ (date).

Local Union No. _____

By: _____

IMPORTANT NOTE:

THIS FORM MUST BE INCLUDED IN THE FILE SENT TO THE REGIONAL VICE PRESIDENT.
IF THIS FORM IS NOT PROPERLY COMPLETED, AND TIME LIMITS NOT PROTECTED, THE
FILE WILL BE RETURNED TO THE LOCAL UNION.

TO BE COMPLETED BY THE LOCAL PRESIDENT/ REPRESENTATIVE

WHEN SUBMITTING GRIEVANCE FILE TO THE VICE PRESIDENT FOR ARBITRATION EVALUATION

Local No.: _____

Employer: _____ Site: _____

Grievance No.(s): _____

Grievant(s): _____

Issue: _____

Employer contact person: (Name, Title, Address, Telephone, email)



The Case file is Complete: (Yes/No): _____

(If no, please obtain necessary information)



The Grievance is Timely: (Yes/No): _____

(If no, please arrange to have time limits preserved or extended)

Special Instructions, if any: _____

Summary of Case and Reason for Recommending Arbitration:

Submitted by: _____

Date: _____

TO BE COMPLETED BY THE REGIONAL VICE PRESIDENT

WHEN SUBMITTING GRIEVANCE FILE TO THE INTERNATIONAL FOR ARBITRATION EVALUATION

Local No.: _____

Employer: _____ Site: _____

Grievance No.(s): _____

Grievant(s): _____

Issue: _____

Employer contact person: (Name, Title, Address, Telephone, email)



The Case file is Complete: (Yes/No): _____
(If no, please obtain necessary information)



The Grievance is Timely: (Yes/No): _____
(If no, please arrange to have time limits preserved or extended)

Special Instructions, if any: _____

Summary of Case and Reason for Recommending Arbitration:

Submitted by: _____ **Date:** _____

LOCAL UNION LETTERHEAD

[SAMPLE LETTER EXTENDING GRIEVANCE TIME LIMITS]

Date

Company Representative
Company Name
Company Address

Re: Company, Site & Local No.
Grievance No.
Grievant
Issue

Dear _____:

On behalf of Local Union No. _____, I hereby request a 30 day extension of time for the above-captioned grievance to _____ **(date)** _____, for the purpose of **[advancing to Step _____ or requesting arbitration or initiating the arbitrator selection process]. SELECT ONE REASON.**

If you are in agreement, please acknowledge by signing and returning a copy of this letter to me as expeditiously as possible.

Thank you for your cooperation.

Very truly yours,

Name and Union Position

Company Name

(Sign & Print Name)

Cc: Local President
International Vice President or Director