



Garage Employees Local Union No. 272

AFFILIATED WITH INTERNATIONAL BROTHERHOOD OF TEAMSTERS

OFFICERS

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Vice President

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BOARD OF TRUSTEES

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Business Agent

Salvatore Golfo
Business Agent

Michelle Barnett

GRIEVANCE REQUEST FORM

Date: _____

NOTICE: ONLY FILL OUT THIS FORM IF YOU WERE TERMINATED, SUSPENDED OR YOUR COMPANY HAS VIOLATED THE CONTRACT WITHIN THE LAST 10 DAYS

Name: _____ ID Number: _____

Last Day Worked: _____ Phone No: _____

Address: _____
Apt. City State Zip Code

Employer: _____ Supervisor: _____

Address : _____ Garage No: _____

Shift: _____

Nature of Grievance (Circle One):

Termination Layoff Suspension

Summary of Facts:

Grievant' Signature: _____ Date: _____

Init Date: _____ Dues Paid Thru Date: _____

Medical Coverage: Yes _____ No _____

Hearing Date Scheduled for _____ Reinstated as of: _____

Remarks:

Interviewed By: _____ Date: _____