

## **UFCW LOCAL 1442**

### **GRIEVANCE RECORD ARCHIVO DE QUEJAS**

Please fill out the attached forms completely and clearly with as much detail as possible. This will assist your Union Representative in investigating your grievance.

After your Representative has reviewed your grievance, he/she will contact you. If it is determined that your grievance has merit, then we will contact the Company notifying them that we are grieving your situation.

If it becomes necessary to have a meeting, you will be notified by your Representative of the date, time and place to meet.

If you have any additional information or questions, please contact your Representative.



Por favor llene las formas adjuntas completa y claramente en detalle si es posible. Esto ayudará a su representante de union a investigar su queja.

Después de que su representante haya revisado su queja, él se comunicará con usted. Si es determinado que su queja es válida, entonces nos comunicaremos con la compañía notificándoles que estamos disputando su queja.

Si es necesario tener una junta, usted será notificado de la fecha y hora por su representante.

Si tiene información adicional ó preguntas, por favor comuníquese con su representante.

## UFCW LOCAL 1442 GRIEVANCE RECORD UFCW LOCAL 1442 ARCHIVO DE QUEJAS

Last Name Apellido	First Name Primer Nombre	M.I.	Social Security Number Numero de Seguro Social
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Street Address Domicilio (calle y #)	Apt.#	Area Code Telephone Number Código de area - teléfono
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City Ciudad	Zip Code Zona postal	Store Name/Number Nombre de la Tienda y Número
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What is your job classification? ¿Cual es la clasificación de su trabajo?	What department do you work in? ¿En cual departamento trabaja?

Mark an "X" in the box that applies to you. Marque una "X" al cuadro que le corresponda.				Original Date of Hire Fecha de Empleo	Current Pay Rate Salario actual
Full-Time	Part-Time	Journey person	Apprentice		\$ /hour

What is your current employment status? Mark an "X" in the box that applies to you. ¿Cual es su posicion actual? Marque una "X" en la caja que le corresponda a usted.							
Still Working Trabajando	Suspended Suspensión Temporal	Terminated Despedido Permanente	Laid Off Despedido	Disability Incapacidad	Workers Comp. Lesion de Trabajo		

Date of Incident Fecha del incidente	Last Day Worked Ultimo día que trabajo	Date of Suspension Fecha de suspensión	Date of Discharge Fecha de terminacion

What was your schedule the week the incident happened? ¿Cual era su horario en la semana del incidente?							
Monday Lunes	Tuesday Martes	Wednesday Miercoles	Thursday Jueves	Friday Viernes	Saturday Sabado	Sunday Domingo	Week ending date Fecha en que termino la semana

**The above is an accurate statement of my grievance to the best of my knowledge and belief.**

I have received a copy of this Local 1442 Grievance Form and I understand and agree that, in accordance with the UFCW Local 1442 Bylaws, that the Local Union shall have the exclusive authority to interpret and enforce the collective bargaining contract. In agreement, therewith, the Local Union shall have the exclusive authority to submit my grievance to arbitration; or withdraw my grievance; or settle and compromise my grievance; or decline to invoke the grievance procedures of the collective bargaining contract.

Signature Firma	Today's Date Fecha de Hoy
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### LOCAL 1442 BYLAWS AR XVI

#### Appeals of Members from Local Unions Disposition of Grievances

- (A) The Local Union shall have the exclusive authority to interpret and enforce the collective bargaining contract. In accordance therewith, the Local Union shall have the exclusive authority to submit grievances to arbitration, withdraw grievances, settle and compromise grievances and decline to invoke the grievance procedures of a collective bargaining contract. The President, or his or her designated representative, shall make the decision as to whether a grievance is to be submitted to arbitration.
- (B) Any member who disagrees with the disposition of his or her grievance by the Local Union President, or the President's designated representative, shall have the right to appeal the decision to the Local Union Executive Board. The appeal shall be submitted, in writing, to the office of the Local Union and shall contain a simple statement of the nature of the grievance and any other matter the member wishes to bring to the attention of the Executive Board.
- (C) The member shall submit the appeal within 15 days from the date the member is first advised of the Local Union's disposition of the member's grievance.
- (D) The Local Union Executive Board shall consider the appeal at the next regular meeting of the Executive Board. The Executive Board shall treat the appeal as either a request for a review or a request for reconsideration.

(E) The Executive Board shall advise the member of its decision within 30 days from the date of the meeting. There shall be no further appeal from the decision of the Executive Board.

(F) Any member who does not appeal the Local Union's disposition of the member's grievance as provided above shall be deemed to have acquiesced in said disposition.

PLEASE TURN TO NEXT PAGE  
 POR FAVOR DE VUELTA A LA PROXIMA PAGINA



FOR OFFICE USE ONLY

\_\_\_\_\_  
 Company and Store Number

\_\_\_\_\_  
 Store Manager or Owner

\_\_\_\_\_  
 Business Address

\_\_\_\_\_  
 Area Code Telephone

\_\_\_\_\_  
 City Zip Code

\_\_\_\_\_  
 Union Representative

Did the member leave check stubs?      YES      NO

WAGES	O.T.	VAC.	P.T.	NIGHT	SUNDAY	HOLIDAY	HOLIDAY	SICK LV.	VAC.TRUST	OTHER

PREMIUM PAY      PREMIUM PAY      PREMIUM PAY

# STATEMENT OF GRIEVANT TESTIMONIO

Print Your Name Here  
Escriba Su Nombre

Sign Your Name Here  
Firma

Today's Date  
Fecha de Hoy

## **DIRECTIONS/INSTRUCCIONES:**

Write out a complete account of your grievance by including the following:  
Escriba con detalle su queja, incluyendo lo siguiente:

1. All important facts and dates.  
Datos y fechas importantes.
2. All employees involved in the matter.  
Todos los empleados envueltos.
3. All others who may have witnessed the matter.  
Otros que hayan sido testigos.

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**STATEMENT OF GRIEVANT (Continued)**  
**TESTIMONIO (Continuación)**

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**STATEMENT OF GRIEVANT (Continued)**  
**TESTIMONIO (Continuación)**

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105. \_\_\_\_\_

**List of Others Involved**  
**Lista de Todos Los Participantes**

Give full names.  
Nombres completos.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
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14. \_\_\_\_\_
15. \_\_\_\_\_

**List of Witnesses**  
**Lista de Testigos**

Give full names.  
Nombres completos.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
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## Union Representative's Investigation Page

1. Reason for suspension/discharge: \_\_\_\_\_
2. Date of initial grievance letter: \_\_\_\_\_
3. Date of grievance meeting: \_\_\_\_\_
4. Company offer: \_\_\_\_\_
5. If grievance unresolved, date of arbitration: \_\_\_\_\_
6. Was exact reason for suspension/discharge requested? \_\_\_\_\_
7. Name of Arbitrator selected: \_\_\_\_\_
8. Date of arbitration: \_\_\_\_\_