

LOCAL REQUEST FORM

INFORMATION REQUEST FOR GRIEVANCE INVESTIGATION

The Union is requesting copies of the following information:

LOCAL # _____ UNIT: _____

DEPARTMENT: _____ DATE: _____

GRIEVANT NAME: _____

GRIEVANCE #: _____ (If applicable)

This information will be released to: _____

() Attendance record for: _____ Date: _____ thru _____

() Department Schedule: _____ Date: _____ thru _____

() Time Sheet / Card: _____ Date: _____ thru _____

() Seniority Date: _____

() Date of Hire/Classification: _____

() Job Description for: _____

() Job Duties Schedule for: _____

() Disciplinary Record(s): Oral() First() Second() Final() Term()

() Written Documentation for: _____

() Medical Documentation for: _____

() Other Documentation: _____

() Other: _____

Date Required: _____ Received by: _____

DO NOT WRITE BELOW THIS LINE - FOR UNION PURPOSES ONLY

Has Management complied with N.L.R.A., Section 8 of PERA? Yes No Partial

Has Management complied with the Civil Service Contract, Article 9, Section B?

Date Received: _____ Comments: _____

Initials of Union Representative: _____