

SENIORITY GRIEVANCE (Food Division)

Management Copy

In accordance with Article 4-E of the current Collective Bargaining Agreement, I hereby notify my employer that I have a grievance pertaining to the application of my seniority rights.

Name: _____ SS #: _____

Home Phone #: _____ Job Class: _____

"Available" or "Self-Restricted" List: _____

Employer Name and Location: _____

Day, Date and Time Filed: _____

NATURE of GRIEVANCE

_____ Claim of schedule with more hours.

Name of least senior employee with more hours: _____

_____ Improper reduction in scheduled hours of work. (all employees)

(The claims above must be filed with store management within 48 hours of posting of the schedule)

_____ Improper layoff -- not according to seniority. (all employees)

_____ Improper transfer. (all employees)

Signature



SENIORITY GRIEVANCE (Food Division)

Member Copy

In accordance with Article 4-E of the current Collective Bargaining Agreement, I hereby notify my employer that I have a grievance pertaining to the application of my seniority rights.

Name: _____ SS #: _____

Home Phone #: _____ Job Class: _____

"Available" or "Self-Restricted" List: _____

Employer Name and Location: _____

Day, Date and Time Filed: _____

NATURE of GRIEVANCE

_____ Claim of schedule with more hours.

Name of least senior employee with more hours: _____

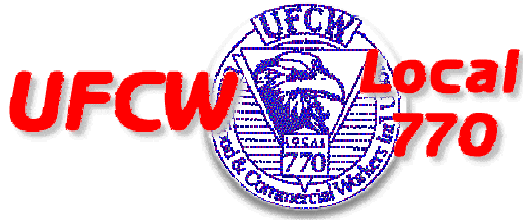
_____ Improper reduction in scheduled hours of work. (all employees)

(The claims above must be filed with store management within 48 hours of posting of the schedule)

_____ Improper layoff -- not according to seniority. (all employees)

_____ Improper transfer. (all employees)

Signature



SENIORITY GRIEVANCE (Food Division)

Union Representative Copy

In accordance with Article 4-E of the current Collective Bargaining Agreement, I hereby notify my employer that I have a grievance pertaining to the application of my seniority rights.

Name: _____ SS #: _____

Home Phone #: _____ Job Class: _____

"Available" or "Self-Restricted" List: _____

Employer Name and Location: _____

Day, Date and Time Filed: _____

NATURE of GRIEVANCE

_____ Claim of schedule with more hours.

Name of least senior employee with more hours: _____

_____ Improper reduction in scheduled hours of work. (all employees)

(The claims above must be filed with store management within 48 hours of posting of the schedule)

_____ Improper layoff -- not according to seniority. (all employees)

_____ Improper transfer. (all employees)

Signature