

REQUEST FOR FORMAL GRIEVANCE MEETING

FORM NO. 353R
REVISED 4.87

TO BE COMPLETED BY JOB STEWARD

1. Name of Grievant(s):

Director's name: _____

Grievance # _____

Panel Formal (check one) _____

2. Date of Informal Meeting with Management:

3. Company Representative(s) in Attendance:

(Note Spokesman with an x)

4. Union Representative(s) in Attendance:

5. Grievant(s) in Attendance:

6. Issue Involved: (As well as Contract Section Involved)

7. Date Grievance Occurred: _____

8. Meeting Requested:

Date MUTUALLY AGREEABLE

Time MUTUALLY AGREEABLE

Place MUTUALLY AGREEABLE

9. Union Representative who will attend: _____

10. Grievant(s) who will attend: _____

11. Reply to Request should be directed to:

Name CWA Local 3204

Address 279 Logan Street, S.E.

Atlanta, GA 30312 (404) 688-1256 FAX: (404) 688-6236

12. Additional Information Relevant to Grievance- _____

13. Reply to request should be directed to:

Name: _____

Ed Barlow

(Signature)

Address: _____

President, CWA 3204

_____ (Date)

Note. This form must be filed with the Operations Manager within fourteen (14) days following the Informal meeting.

TO BE COMPLETED BY LOCAL
PRESIDENT OR THEIR DESIGNEE

THIS SPACE FOR
CWA STAFF OFFICE
USE ONLY.

RECEIVED _____
CARD _____
FINAL DISPOSITION _____
CODES _____

Record of Grievance between Communications Workers of America and



Form 3G3A
Front (2-93)

- BellSouth Telecommunications
 - BellSouth Advertising and Publishing
 - BellSouth Communications, Inc.
 - BellSouth Corporate Headquarters
 - BellSouth Communication Systems
 - Other
- FILE #:**

Grievance Number
To be assigned by CWA State Office

1. Grievance Occurred	Date	Specific Location & State	
	Department	Title Involved If Applicable	Local No. 3204

2. **Grieving Employee Or Work Group Involved	Name of Employee or Work Group		Department
	Address	Job Title	N.C.S. Date
			Seniority Date

3. Union's Statement of What Happened	_____		

4. Specific Basis of Grievance or Section of Contract Involved	_____ and other applicable sections, the true intent and meaning of each; and the failure of the Company to perform its obligations thereunder.		
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5. Date Grievance Filed	Originated by: Union Representative	Date
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6. Company's Statement of What Happened	_____		

7. Proposed Disposition - Second Level	_____		

	Signed: _____ Date _____		
	Company Representative		

8. <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Appealed	Signed: _____ Date _____
	Union Representative

9. True Intent Question Exists: <input type="checkbox"/> Yes <input type="checkbox"/> No	True Intent Question Exists: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Signed: _____ Date _____	Signed: _____ Date _____
Union Representative	Company Representative

10. Authorization to Inspect Personnel Record	Furnished By: Union Representative	Received By: Company Representative	11. Union First Requested Meeting - Second Level
	Date	Date	

12. Proposed Disposition - Third Level	_____		
	Signed: _____ Date _____		
	Company Representative		

13. <input type="checkbox"/> Accepted <input type="checkbox"/> Appealed to 4th level (SCB, SB only) [Applicable to contract interpretation only]	Signed: _____ Date _____
<input type="checkbox"/> Rejected <input type="checkbox"/> Arbitration Requested (See Lines 16 & 17)	Union Representative

14. Proposed Disposition - Fourth Level	_____		
	Signed: _____ Date _____		
	Company Representative		

15. <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Arbitration Requested	Signed: _____ Date _____
	Union Representative

PREPARE 5 COPIES