To:

Date:

AT&T Mobility

REQUEST FOR FORMAL GRIEVANCE MEETING

TO BE COMPLETED BY JOB STEWARD

1. Name of Grievant(s):

2. Date of Informal Meeting with Management:

3. Company Representative(s) in Attendance:
   (Note Spokesperson with a checkmark✓)

4. Union Representative(s) in Attendance:

5. Grievant(s) in Attendance:

6. Issue Involved/Contract Section Involved:

7. Date Grievance Occurred:

TO BE COMPLETED BY LOCAL PRESIDENT OR HIS/HER DESIGNEE

8. Meeting Requested: Date:
   Time:
   Place:

9. Union Representative who will attend:

10. Grievant(s) who will attend:

11. Reply to Request should be directed to:
    Name: Address:
    (*Street / City / State / Zip)*

12. Additional Information Relevant to Grievance:

13. Reply to request should be directed to:
    Name: Address:
    (*Street / City / State / Zip)*

_____
Signature

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

(02-2016)