

**TRUCK DRIVERS UNION LOCAL 92
1127 NINTH STREET SW
CANTON, OH 44707**

NAME: _____ **DATE:** _____

ADDRESS: _____ **PHONE:** _____

EMPLOYERS: _____ **DATE HIRED:** _____

UNION STEWARD:

DATE I SAW MY EMPLOYER ON THIS GRIEVANCE:

INSTRUCTIONS TO EMPLOYER:

1. When the grievance has been written, a copy should be given to the Union Steward. The original should be given to the Foreman (or Supervisor).
2. Grievances should be set forth fully so that they may be understood.
3. By presenting the grievance, the employee grants to the Union complete authority to present, negotiate, and bargain regarding this grievance and agrees to be bound by such disposition to the grievance as may be made or agreed to by the Union or its delegated representatives. The undersigned employee may be present at any and all steps of the grievance procedure.

GRIEVANCE:

REQUESTED REMEDY:

EMPLOYEE'S SIGNATURE: _____

DISPOSITION OF GRIEVANCE
