

CITY OF ATLANTIC BEACH

REPORT OF GRIEVANCE - LOCAL 630

EMPLOYEE: _____

DATE: _____

CLASSIFICATION: _____

STEWARD: _____

SECTION OF CONTRACT VIOLATED: _____

S.S.N.: _____

STEP I - IMMEDIATE SUPERVISOR - ORAL

TO IMMEDIATE SUPERVISOR: _____

DATE DISCUSSED WITH IMMEDIATE SUPERVISOR: _____

DATE OF ORAL REPLY: _____

COMPLIANT SETTLED: _____

REFERRED TO STEP II: _____

EMPLOYEE SIGNATURE: _____

STEP II - APPROPRIATE SUPERVISOR / DIVISION DIRECTOR

TO APPROPRIATE SUPERVISOR/DIVISION DIRECTOR: _____ DATE: _____

DETAIL OF FACTS SUPPORTING EMPLOYEE GRIEVANCE: _____

REMEDY REQUESTED: _____

DATE OF MEETING: _____ DATE OF REPLY: _____

PERSONS ATTENDING: _____

APPROPRIATE SUPERVISOR/DIVISION DIRECTOR=S REPLY: _____

COMPLAINT SETTLED: _____ REFERRED TO STEP III: _____

APPROPRIATE SUPERVISOR/DIVISION DIRECTOR=S SIGNATURE: _____

EMPLOYEE / REPRESENTATIVE SIGNATURE: _____

STEP III - DEPARTMENT HEAD

TO DEPARTMENT HEAD: _____ DATE: _____

DETAIL OF FACTS SUPPORTING EMPLOYEE GRIEVANCE: _____

REMEDY REQUESTED: _____

DATE OF MEETING: _____ DATE OF REPLY: _____

PERSONS ATTENDING MEETING: _____

DEPARTMENT HEAD=S REPLY: _____

DEPARTMENT HEAD=S SIGNATURE: _____

EMPLOYEE / REPRESENTATIVE SIGNATURE: _____

GRIEVANCE SETTLED: _____ REFERRED TO STEP IV: _____

STEP IV - CITY MANAGER

TO CITY MANAGER: _____ DATE: _____

ARTICLE / SECTION VIOLATED: _____

DETAIL OF FACTS SUPPORTING EMPLOYEE GRIEVANCE: _____

REMEDY REQUESTED: _____

DATE OF MEETING: _____ DATE OF REPLY: _____

PERSONS ATTENDING: _____

CITY MANAGER=S REPLY: _____

CITY MANAGER=S SIGNATURE: _____

EMPLOYEE / REPRESENTATIVE SIGNATURE: _____

COMPLAINT SETTLED: _____ REFERRED TO STEP V: _____

ARBITRATION: _____ DATE REFERRED: _____

EMPLOYEE / REPRESENTATIVE SIGNATURE: _____