

AEROSPACE DEFENSE RELATED DISTRICT LODGE NO. 725

INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS

(See bottom of each grievance form page for distribution of each copy.)

GRIEVANCE FORM (SEE INSTRUCTIONS ON BACK)

GRIEVANCE NO.

MR.
MRS.
MS.

NAME				EMPLOYEE #	PRE-STEP 1 MEETING	DATE	SIGNATURES	
							IMMEDIATE SUPERVISORS/MGR.	
							STEWARD	
HOME ADDRESS				APT. #	REC'D BY DEPT. HEAD		DEPT. HEAD	
							DEPT. HEAD	
CITY				ZIP	HOME PHONE		STEWARD	
					STEP 1 SETTLED <input type="checkbox"/> UNSETTLED <input type="checkbox"/>		H.R. REP.	
BUILDING				DEPT	SHIFT	WORK PHONE	BASE STEWARD	
							BUS. REP	
CLASSIFICATION CODE				HIRING DATE	PRESENT RATE	STEP 2 ASSIGNED TO BUS. REP.		

IMMEDIATE SUPERVISOR'S NAME _____ SUPERVISOR'S EXT. _____

ACTION REQUESTED BY EMPLOYEE:

That the EPN with suspension date of _____ be removed from all company records and that I be paid for the days I was placed on suspension.

BASIS OF REQUEST: ART. I SEC. 4 and all others that may apply.

I was issued an EPN with suspension on _____. I believe that this EPN with suspension was not for "just cause".

SAMPLE ONLY
DISCIPLINE
(EPN WITH SUSPENSION ONLY)

SIGNATURE OF EMPLOYEE

DATE

STEP 1 ANSWER

SIGNATURE OF DEPARTMENT HEAD

DATE

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MR. MRS. MS.		DATE	SIGNATURES
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HOME ADDRESS	APT. #	REC'D BY DEPT. HEAD	STEWARD
CITY	ZIP	STEP 1 SETTLED <input type="checkbox"/> UNSETTLED <input type="checkbox"/>	DEPT. HEAD
BUILDING	DEPT	C.E.G. C ONLY STEP 1 1/2 SETTLED <input type="checkbox"/> UNSETTLED <input type="checkbox"/>	STEWARD
CLASSIFICATION CODE	HIRING DATE	STEP 2 ASSIGNED TO BUS. REP.	H.R. REP.
PRESENT RATE			BASE STEWARD
			BUS. REP.

IMMEDIATE SUPERVISOR'S NAME _____ SUPERVISOR'S EXT. _____

ACTION REQUESTED BY EMPLOYEE:

That I be deemed qualified for the 450-3 (General Machinist) job classification effective immediately.

BASIS OF REQUEST: ART. I SEC. 4 and all other that may apply.

I was notified on _____ that I was deemed not qualified for the 450-3 (General Machinist) job classification. I believe I have submitted sufficient information that I meet the minimum qualifications for this classification. I have had a meeting with the company's Labor Relations Representative to discuss this issue on _____.

SAMPLE ONLY
PROMOTION BYPASS

SIGNATURE OF EMPLOYEE

DATE

STEP 1 ANSWER

SIGNATURE OF DEPARTMENT HEAD

DATE

GRIEVANT

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			STEWARD.
HOME ADDRESS	APT. #	REC'D BY DEPT. HEAD	DEPT. HEAD
CITY	ZIP	HOME PHONE	DEPT. HEAD
			STEWARD
BUILDING	DEPT	SHIFT	WORK PHONE
			H.R. REP.
			BASE STEWARD
CLASSIFICATION CODE	HIRING DATE	PRESENT RATE	BUS. REP.
		STEP 1 SETTLED <input type="checkbox"/> UNSETTLED <input type="checkbox"/>	
		C.E.G. C ONLY STEP 1 1/2 SETTLED <input type="checkbox"/> UNSETTLED <input type="checkbox"/>	
		STEP 2 ASSIGNED TO BUS. REP.	

IMMEDIATE SUPERVISOR'S NAME _____ SUPERVISOR'S EXT. _____

ACTION REQUESTED BY EMPLOYEE:

That the EPN issued to me on ___/___/___ be removed from all company records.

BASIS OF REQUEST: ART. I SEC. 4 and all others that may apply.

I was issued an EPN on ___/___/___ . I feel the EPN issued to me was not for "just cause".

SAMPLE ONLY
 DISCIPLINE
 (WRITTEN MEMORANDUM AND EPN)

SIGNATURE OF EMPLOYEE

DATE

STEP 1 ANSWER

SIGNATURE OF DEPARTMENT HEAD

DATE

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				STEWARD
HOME ADDRESS		APT. #	REC'D BY DEPT. HEAD	DEPT. HEAD
CITY	ZIP	HOME PHONE	STEP 1 SETTLED <input type="checkbox"/> UNSETTLED <input type="checkbox"/>	DEPT. HEAD
BUILDING	DEPT	SHIFT	WORK PHONE	STEWARD
CLASSIFICATION CODE		HIRING DATE	PRESENT RATE	H.R. REP.
			STEP 2 ASSIGNED TO BUS. REP.	BASE STEWARD
IMMEDIATE SUPERVISOR'S NAME		SUPERVISOR'S EXT.		

ACTION REQUESTED BY EMPLOYEE:

That I received 8 (eight) hours of pay at time and one half for Saturday, 10/29/11.

BASIS OF REQUEST: ART. VI SEC. 2 (B) and all others that may apply.

On 10/29/11, Mr. Smith, #433-5, worked overtime on work that is regularly assigned to 448-5 classification. Mr. Smith is not in the affected group. His classification is 433-5. Therefore the overtime was removed from the affected group. I was available and should have been asked to work.

See attachments dated 10/___/11 with specific details of the incidents (who, what, when, where).

SAMPLE ONLY
 OVERTIME
 (OUTSIDE AFFECTED GROUP)

SIGNATURE OF EMPLOYEE

DATE

STEP 1 ANSWER

SIGNATURE OF DEPARTMENT HEAD

DATE

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			STEWARD
HOME ADDRESS	APT. #	REC'D BY DEPT. HEAD	DEPT. HEAD
CITY	ZIP	HOME PHONE	DEPT. HEAD
			STEWARD
BUILDING	DEPT	SHIFT	WORK PHONE
			H.R. REP.
			BASE STEWARD
CLASSIFICATION CODE	HIRING DATE	PRESENT RATE	BUS. REP.

IMMEDIATE SUPERVISOR'S NAME _____ SUPERVISOR'S EXT. _____

ACTION REQUESTED BY EMPLOYEE:

That the EPN with suspension date of --/--/-- be removed from all company records and that I be paid for the days I was placed on suspension.

BASIS OF REQUEST: ART. I SEC. 4 and all others that may apply.

I was issued an EPN with suspension on / / . I believe that this EPN with suspension was not for "just cause".

SAMPLE ONLY
DISCIPLINE
(EPN WITH SUSPENSION)

SIGNATURE OF EMPLOYEE

DATE

STEP 1 ANSWER

SIGNATURE OF DEPARTMENT HEAD

DATE

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CITY	ZIP	HOME PHONE	DEPT. HEAD
BUILDING	DEPT	SHIFT	WORK PHONE
CLASSIFICATION CODE	HIRING DATE	PRESENT RATE	STEP 1 SETTLED <input type="checkbox"/> UNSETTLED <input type="checkbox"/>
			STEP 1 1/2 SETTLED <input type="checkbox"/> UNSETTLED <input type="checkbox"/>
			C.E.G. C ONLY STEP 1 1/2 SETTLED <input type="checkbox"/> UNSETTLED <input type="checkbox"/>
			STEP 2 ASSIGNED TO BUS. REP.

IMMEDIATE SUPERVISOR'S NAME _____ SUPERVISOR'S EXT. _____

ACTION REQUESTED BY EMPLOYEE:

That Lockheed Martin salaried employee Joe Smith, #653345, cease and desist performing work normally performed by the 438-3 job classification.

BASIS OF REQUEST: ART. I SEC. 13 and all others that may apply.

Who: Joe Joseph Smith, #123456

Where: B/157 Column X7 1st Floor

What: Mr. Smith was observed vacuuming the conference room and emptying the waste containers.

When: Monday, October 24, 2001 at 10:00 am

SAMPLE ONLY
SALARIED EMPLOYEE PERFORMING
BARGAINING UNIT WORK

SIGNATURE OF EMPLOYEE

DATE

STEP 1 ANSWER

SIGNATURE OF DEPARTMENT HEAD

DATE

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		PRE-STEP 1 MEETING			STEWARD
HOME ADDRESS		APT. #			DEPT. HEAD
		REC'D BY DEPT. HEAD			DEPT. HEAD
CITY		ZIP		HOME PHONE	
		STEP 1 SETTLED <input type="checkbox"/> UNSETTLED <input type="checkbox"/>			DEPT. HEAD
BUILDING		DEPT		SHIFT	
		WORK PHONE			STEWARD
		C.E.G. C ONLY STEP 1 1/2 SETTLED <input type="checkbox"/> UNSETTLED <input type="checkbox"/>			H.R. REP.
CLASSIFICATION CODE		HIRING DATE		PRESENT RATE	
		STEP 2 ASSIGNED TO BUS. REP.			BASE STEWARD
					BUS. REP.

IMMEDIATE SUPERVISOR'S NAME _____ SUPERVISOR'S EXT. _____

ACTION REQUESTED BY EMPLOYEE:

That Mr. Smith cease and desist harassment towards me.

BASIS OF REQUEST: ART. I SEC. 4 and all others that may apply.

See attachments dated _____ with specific details of the incidents, (who, what, when, where).

SAMPLE ONLY
(HARASSMENT GRIEVANCE)

SIGNATURE OF EMPLOYEE DATE

STEP 1 ANSWER

SIGNATURE OF DEPARTMENT HEAD DATE

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CLASSIFICATION CODE		HIRING DATE	STEP 2 ASSIGNED TO BUS. REP.			STEWARD
		PRESENT RATE				H.R. REP.
						BASE STEWARD
						BUS. REP.

IMMEDIATE SUPERVISOR'S NAME _____ SUPERVISOR'S EXT. _____

ACTION REQUESTED BY EMPLOYEE:

That the performance review issued to me on Saturday, Oct. 22, 2011 be removed from all company records and be replaced with a new review that reflects my true on-the-job performance.

BASIS OF REQUEST: ART. VI SEC. 1 (D) and all others that may apply.

On Saturday, 10/22/11, I received a performance review. The review does not properly reflect my true on-the-job performance.

SAMPLE ONLY
PERFORMANCE REVIEW

SIGNATURE OF EMPLOYEE

DATE

STEP 1 ANSWER

SIGNATURE OF DEPARTMENT HEAD

DATE

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		STEWARD	
HOME ADDRESS		APT. #	REC'D BY DEPT. HEAD
		DEPT. HEAD	
CITY	ZIP	HOME PHONE	STEP 1 SETTLED <input type="checkbox"/>
		UNSETTLED <input type="checkbox"/>	
		DEPT. HEAD	
BUILDING	DEPT	SHIFT	WORK PHONE
		C.E.G. C ONLY	
		STEP 1 1/2	
		SETTLED <input type="checkbox"/>	
		UNSETTLED <input type="checkbox"/>	
		H.R. REP.	
CLASSIFICATION CODE	HIRING DATE	PRESENT RATE	STEP 2 ASSIGNED TO BUS. REP.
		BASE STEWARD	
		BUS. REP.	

IMMEDIATE SUPERVISOR'S NAME _____ SUPERVISOR'S EXT. _____

ACTION REQUESTED BY EMPLOYEE:

That I be deemed qualified and promoted to the 450-3 classification with full retroactive pay to the date of bypass.

BASIS OF REQUEST: ART. I SEC. 4 and all others that may apply.

On _____ the company promoted Mr. Smith, # _____, to 450-3 classification. Mr. Smith's seniority date is 4/11/75. I am more senior than Mr. Smith and our qualifications are equal. Therefore, I should have been promoted to the 450-3 classification.

SAMPLE ONLY
DISQUALIFICATION FOR PROMOTION

SIGNATURE OF EMPLOYEE

DATE

STEP 1 ANSWER

SIGNATURE OF DEPARTMENT HEAD

DATE