



SEIU 517M
PUBLIC EMPLOYEES

SEIU Local 517M School and Local Government Division Grievance Form

Name:		Grievance Number:	
Address:		Date:	
		Classification:	
Phone:		Work Location:	
Unit:			

STATEMENT OF GRIEVANCE

Nature of Grievance/Contract Violation:

and all other articles that apply.

REMEDY REQUESTED

A fair and just resolution of this grievance would be:

and to be made whole.

Grievant

Union

Employer Response: STEP/LEVEL _____			
Signature:		Date:	

Employer Response: STEP/LEVEL _____			
Signature:		Date:	

Employer Response: STEP/LEVEL _____			
Signature:		Date:	

Employer Response: STEP/LEVEL _____			
Signature:		Date:	