

## Record of Grievance Between

## **Communications Workers Of America (CWA)**

## And AT&T Mobility

	CW Grievance	Number		District Grievance		ance		
1. Grievance Occurred		Date Department:						
		Specific Loca	tion & State	Local				
2. Grieving Employee or Work Group Involved		Name of Employee or Work Group:						
		Job Title:						
3. Union's Statement of what happened								
4. Specific Contract								
Article involved		and a				any other applicable articles.		
5.	Date of Inform	Date 1st St		ep Requested		Date 1s	t Step Held	
6. Company's Statement of what happened.								
7. Proposed Disposition 1st level								
		Signed (Co Rep)				Date		
8.	☐ Accepted	Reject	ed 🔲 Apı	pealed to 2nd Leve	el			
Signed (CW)	A Rep)					Date		
9. Proposed Disposition 2nd Level								
		Signed (Co R	en)			Date		
		Jigirica (CO N	CP)			Date		
10.	☐ Accepted	Rejecte	d 🗌 Re	quest Mediation		Request	Arbitration	
				Signed (CWA Rep	)			
	Prepare 3	3 Copies		Date				

Form date: 04/04/16

Record of Grievance (Cont'd)			
11. Company's Position 1st Level	Signed (Co Rep)	Date	
12. Union's Position 1st Level	Signed (CWA Rep)	Date	
13. Company's Position 2nd Level	Signed (Co Rep)	Date	
14. Union's Position 2nd Level	Signed (CWA Rep)	Date	

When sufficient space is not available, make attachments as necessary to this form. Attachments should include letters, parties' position at each meeting, statements, affidavits, and other pertinent information.

Three copies of this form are to be submitted to the Company at the initial step of presentation. Two should be returned to the Union Representative showing the proposed disposition. One copy will be returned to the Company showing the proposed disposition of the grievance, i.e. accepted, rejected, or appealed. Each representative will forward one copy to the next higher level of organization as appropriate.