LOCAL 804 GRIEVANCE FORM

34-21 Review Ave., Long Island City, NY 11101

WEB ADDRESS: HTTP://teamsterslocal804.org PHONE: 718-786 5700 FAX: 718 786 5757

GRIEVANT(s) INFORMATION

GRIEVANT(s) NAME: Top seniority displaced Clerk		**ID#**
STEWARD NAME:	**CLASSIFICATION:** Clerk	
BUSINESS AGENT:	**BUILDING:**	
WAGE RATE: $ Top Rate	**SEN. DATE:**	**FT** ☑ **PT** ☐

GRIEVANCE

CONTRACT ARTICLES VIOLATED: *(Including but not limited to*):
Supplement 13 and all that apply

WHO: *(Management involved):*

WHEN: *(Date/Time of violation)*:

WHERE: *(Location of violation)* Clerk station in building

WHAT HAPPENED: *(Grievance in precise facts)*

While Clerks are displaced/ laid off, the Company is assigning clerk work to employees outside of the clerk classification and/or assigning clerk work out of seniority order, and is not recalling displaced/laid off clerks in accordance with seniority.

SETTLEMENT REQUESTED: (*The following to include being "made whole" in every way)*

Pay top seniority displaced/laid off clerk for clerk work performed by lower seniority clerks and/or non-clerks. Cease and desist from wrongful layoff.

SIGNATURE OF GRIEVANT(s) **DATE:**

DATE THIS WRITTEN GRIEVANCE SUBMITTED TO COMPANY BY STEWARD/AGENT: _____

COMPANY RESPONSE:

_____

_____

_____

EMPLOYER (Print Name) _____ **(Sign Name)** _____**DATE:** ____/____/_____