



LOCAL 804 GRIEVANCE FORM

44 S. BAYLES Ave., Port Washington, NY 11050

WEB ADDRESS: [HTTP://teamsterslocal804.org](http://teamsterslocal804.org) PHONE: 718-786 5700 FAX: 718 786 5757

GRIEVANT(S) INFORMATION

GRIEVANT(S) NAME:	ID#
STEWARD NAME:	CLASSIFICATION:
BUSINESS AGENT:	BUILDING:
WAGE RATE: \$	SEN. DATE: FT <input type="checkbox"/> PT <input type="checkbox"/>

GRIEVANCE

CONTRACT ARTICLES VIOLATED: <i>(Including but not limited to):</i> NMA articles 26 & 32, supplemental articles 2,13,25,36, & all others that apply
WHO: <i>(Management involved):</i>
WHEN: <i>(Date/Time of violation):</i>
WHERE: <i>(Location of violation)</i>
WHAT HAPPENED: <i>(Grievance in precise facts)</i> Management is using "personal vehicle drivers (PVD) without negotiating such hires with the union and without agreement from the union. PVD _____ worked _____ hours

SETTLEMENT REQUESTED: <i>(The following to include being "made whole" in every way)</i> Cease & desist the use of all "PVDs" and fully comply with the CBA. All monies due to make grievants whole, including benefit contributions and hours worked by PVDs paid at the overtime rate.	
SIGNATURE OF GRIEVANT(S)	DATE:

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

COMPANY RESPONSE:

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



LOCAL 804 GRIEVANCE FORM

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

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GRIEVANT(S) INFORMATION

GRIEVANT(S) NAME:	ID#
STEWARD NAME:	CLASSIFICATION:
BUSINESS AGENT:	BUILDING:
WAGE RATE: \$	SEN. DATE: FT <input type="checkbox"/> PT <input type="checkbox"/>

GRIEVANCE

CONTRACT ARTICLES VIOLATED: <i>(Including but not limited to):</i> article 13 of the local 804 supplement
WHO: <i>(Management involved):</i>
WHEN: <i>(Date/Time of violation):</i>
WHERE: <i>(Location of violation)</i>
WHAT HAPPENED: <i>(Grievance in precise facts)</i> Company is not adhering to the language agreed upon in article 13. Violation:

SETTLEMENT REQUESTED: <i>(The following to include being "made whole" in every way)</i> Cease & desist seniority violations.	
SIGNATURE OF GRIEVANT(S)	DATE:

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

COMPANY RESPONSE:

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