



Date Received

By AMFA

AMFA GRIEVANCE FORM

Case No: _____

Local #: _____

Company: _____ Station: _____ Date: _____

Member's Name: _____ Classification: _____ Seniority Date: _____
(Please Print)

Member's Address: _____ Pay Grade: _____
(Please Print) Street City State Zip Code

Shift: _____ Dept. /Work Area: _____ Home Phone: _____ Business Phone: _____

Immediate Supervisor's Name: _____ Dept: _____ Phone: _____

1. Specify the Article(s) of the Agreement and or prior decisions, which support the claim.

2. Employee's Statement of Grievance: Describe in detail the action giving rise to the complaint. Specify names, dates, classification, place and site of violation, etc.

3. What is the remedy and/or relief sought?

I hereby authorize the Aircraft Mechanics Fraternal Association to act for me in the disposition and settling of this grievance.

Date: _____ Employee Signature/EE#: _____

Date: _____ Shop Representative Signature/EE#: _____

Date Submitted to Supervisor: _____ Sup. Signature/EE#: _____

Decision of Supervisor: _____

Date of Decision: _____ Supervisor's Signature/EE#: _____ Title: _____

Date Decision Received by Shop Rep: _____ Shop Rep Signature/EE#: _____

Grievance Settled: Yes: ____ No: ____

Case Appealed to the System Board, Discharge Board or System of Adjustment by Association Representative of AMFA.

By: _____ Title: _____ Date: _____

Original to AMFA

Make Copy for Company

Make Copy for Grievant