**CITY OF OMAHA**

**CIVILIAN BARGAINING UNIT EMPLOYEES**

**AND OMAHA CITY EMPLOYEES LOCAL NO. 251**

**OFFICIAL GRIEVANCE FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | Department: | | |  | | | | |
| Classification: | |  | | | | | | | Work Shift: | |  | | | |
| Work Location: | | |  | | | Immediate Supervisor: | | | | | |  | | |
|  | | | |  | | | |  | | | | | |  |
| I authorize the A.F.S.C.M.E. Local No. 251 as my representative to act for me in the disposition of this grievance. | | | | | | | | | | | | | | |
| Yes | | | | NO | | | |
| Signature of grievant | | | | |  | | | | | | Date | |  | |
|  | | | | |  | | | | | |  | |  | |

Grievance: (State the article and the section of the contract that has been violated.)

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Adjustment Required:

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| --- | --- | --- | --- | --- | --- | --- |
| Step 1: (Presentation to supervisor; supervisor’s disposition of grievance attached in writing.) | | | | | | |
| Approved |  | PRESENTATION DATE |  | RECEIVED BY SIGNATURE |  | RESPONSE DATE |
| Denied |  |  |  |  |  |  |
| Step 2: (Presentation of grievance to Labor Relations Office) | | | | | | |
| Approved |  | PRESENTATION DATE |  | RECEIVED BY  SIGNATURE |  | RESPONSE DATE |
| Denied |  |  |  |  |  |  |

All of the above requested information must be filled in completely. Failure to do so will result in the grievance being invalid and will not be processed.

Distribution:

1. Labor Relations Department
2. Union (yellow)
3. Employee (green)