Teamsters, Freight, Tank Lines, Automobile, Hospital-Health Care, Sales Drivers, Deliverymen, Warehousemen, Helpers, and Manufacturing Employees
LOCAL UNION 988
4303 NORTH SAM HOUSTON PARKWAY EAST • HOUSTON, TEXAS 77032 • (713) 869-6371 • FAX (713) 864-2016

GRIEVANT

Grievant's Name_____ Grievant's Telephone No._____

Address_____ City_____ State_____ Zip Code_____

Grievant's Soc. Sec. No._____ Grievant's Seniority Date:_____

Which Contract: Road ❑ City ❑ Garage ❑ Office ❑ Type of Grievance: Time Claim ❑ Suspension ❑ Discharge ❑

Date Dispute Occurred_____ Misc._____

DETAILS OF DISPUTE

Company Name_____ Date Grievance Written_____

Location (Terminal/Center)_____ /Article #_____

(PLEASE PRINT: Explain Fully, Giving Dates, Times, Names & Places/Who, What, When & Where)

OFFICE USE ONLY
(Date Stamp)

I understand that Teamsters Local Union 988, as my exclusive bargaining representative, has the authority to withdraw, settle, or adjust this grievance at any stage of the grievance and/or arbitration procedures subject to the duty of fair representation. In the event the grievance is presented to the appropriate Grievance Committee I understand that I have the right to attend the proceedings, but my failure to attend shall not interfere with the processing of the grievance.

The Above is True and Correct To The Best of My Knowledge

Grievant's Signature_____

Date Grievance Given to Job Steward_____ Job Steward Signature_____

NOTE TO JOB STEWARD: Article Number of contract must be included in order for grievance to be processed. Please investigate fully and fill out Job Steward Report Form and attach to grievance. Give Company their copy of grievance. All grievances must be submitted no later than 12:00 noon on the last day in order for the Local Union to process the grievance in a timely manner. Any grievance submitted after 12:00 noon of the last day will be considered untimely.