UNIVERSITY OF NEW MEXICO HOSPITAL

CWA LOCAL 7076 GRIEVANCE FORM

COMMUNICATIONS WORKERS OF AMERICA, Local 7076, AFL-CIO

DISTRICT 7

LOCAL NO: 7076 GRIEVANCE NO:

DATE FILED:

LOCATION: UNMH

DEPARTMENT:

SUPERVISOR:

SIGNED:

Local Union Representative

1. Name or names of employee:
2. Nature of grievance (a brief description of the circumstances of which arose):
3. The article and subsection of the agreement that applies to violation:

Redress sought: