**Date:** XXXX Local 7076 **Grievance #**: XXXX

**Agency:** XXXX
**Immediate Supervisor:** XXXX

**Union Representative:** XXXX
**Address:** XXXX **Phone #:** XXXX

**Name of Grievant(s):** XXXX
**Job Title of Grievant:** XXXX **Date of Hire:** XXXX
**Worksite/Location:** XXXX

**Nature of Grievance**: XXXX

**Article and Sections of the Agreement alleged to have been violated and all other applicable Articles and sections:** XXXX

All other applicable articles.

**Relief sought:** XXXX

**Grievant or Union Representative signature:** **Date:** XXXX

**Step one meeting date:** XXXX

**Immediate Supervisor response:** XXXX

**Management Representative :** **Date:** XXXX

**Union Representative signature:** **Date:** XXXX

**Accept** \_\_\_ **Reject** \_\_\_ A**ppeal** \_\_\_

**Step two meeting date:** XXXX

**Secondary Supervisor Grievance Representative (SGR) response:** XXXX

**SGR signature:** **Date:** XXXX

**Union Representative signature:** **Date:** XXXX

**Accept** \_\_\_ **Reject** \_\_\_ A**ppeal** \_\_\_

**Step three meeting date:** XXXX

**Agency Grievance Representative (SGR) response:** XXXX

**AGR signature:** **Date:** XXXX

**Union Representative signature:** **Date:** XXXX

**Accept** \_\_\_ **Reject** \_\_\_ A**ppeal** \_\_\_