

EASTERN MICHIGAN UNIVERSITY
AFSCME, AFL-CIO
EMPLOYEE GRIEVANCE

EMPLOYEE INFORMATION

Name _____ Unit _____ Home Phone _____ Bus. Phone _____

Seniority Date _____ Shift _____ Department _____

Job Title _____ Pay Grade _____ Building _____

STATEMENT OF GRIEVANCE: _____

ADJUSTMENT DESIRED: _____

Employee's Signature _____ Date _____

President's Signature _____ Date _____

STEP I

Date of Step I Meeting _____ Location _____ Time _____

Representing University: _____ Representing Union: _____ Others Attending: _____

University's Step I Answer: Satisfactory Unsatisfactory

STEP II

Date Step II Appeal Presented to University's Step II Representative _____

President's Signature _____ Date _____

Step II Representative's Signature _____ Date _____