Grievance Form

**Engineering Association, Inc.**

**Please TAB to gray areas**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and EIN | | TVA Address | | **COMTRAC No.** |
|  | |  | |  |
| Home Address | | TVA Phone | | Home Phone |
|  | |  | |  |
| Classification | Group/Operations | | Division/Department/Plant | |
|  |  | |  | |
| Date of Action or Proposed Action Being Grieved | Date of Discussion With Responsible Supervisor | | Section | |
| *(If Applicable)* |  | |  | |
|  |  | |  | |
| Name of Immediate Supervisor | Name of Responsible Supervisor | | Designated Union Representative | |
|  |  | |  | |

**ISSUED INVOLVED** (Should include specific contract provision or TVA policy you believe was misapplied. For nonselection grievances, should also include VPA #, selectee(s) if known, and advertising organization.)

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**ACTION OR RELIEF REQUESTED**

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|  |  |  |
| *Employee Signature* |  | *Date Grievance Filed* |

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| --- | --- | --- |
|  |  |  |
| *Manager Signature - Receipt of Form* |  | *Date Form Received* |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SUPERVISOR RESPONSE** | | | | | | | | | |
| I have discussed the above issue with the employee and decided: *(Not required in selection, suspension, or termination issues)* | | | | | | | | | |
| that no adjustment is justified. | | | to make the following adjustment: | | |  | | | |
|  |  | | | | | | | |  |
|  |  | | | | | | | |  |
|  | |  | | | | |  |  |  |
|  | | *Responsible Supervisor Signature and Title* | | | | |  | *Date of Decision* |  |
| ***Distribution:*** | | | | | | | | | |
| Human Resource Manager | | | | Labor Relations, WT 8B-K | EA, MS 34-K | | | Aggrieved Employee | |
|  | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ORGANIZATION RESPONSE** | | | | | | | | Date Form Received | | |
|  | | | | | | | |  | | |
| I have considered the above matter and decided to: | | | | | | | | | | |
| uphold responsible supervisor’s decision. | | | | reverse responsible supervisor’s decision. | | modify responsible supervisor’s decision as follows: | | | | |
|  |  | | | | | | | | |  |
|  |  | | | | | | | | |  |
|  | |  | | | |  | |  | |  |
|  | | *Operations Vice President/Designated Representative* | | | |  | | *Date of Decision* | |  |
| ***Distribution:*** | | | | | | | | | | |
| Responsible Supervisor | | | Human Resource Manager | | Labor Relations, WT 8B-K | | EA, MS 34-K | | Aggrieved Employee | |

**THIS FORM IS FOR INTERNAL TVA/UNION USE AND DOES NOT LIMIT EITHER PARTY ON ISSUES OR RELIEF**