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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|       |

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

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

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| **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**