

GRIEVANCE HEARING NOTES

Date _____ Time _____

Place _____

IN ATTENDANCE

Steward _____
Manager _____
Grievor _____
Supervisor _____
Witness _____
Other _____

SUBJECT (Grievance: Protest, Demand, Adjustment) _____

DISCUSSION _____

SUMMARY

SUPERVISOR/MANAGER'S FINAL RESPONSE _____

UNION'S FINAL POSITION _____

ACTION REQUIRED _____

<p>_____</p> <p>Job Steward Name</p>	<p>_____</p> <p>Job Steward Signature</p>
<p>_____</p> <p>Date</p>	