Form
HR39606

AFSCME EMPLOYEE GRIEVANCE

UNIVERSITY OF MICHIGAN

Date: ____________________

Grievance No.: ____________________

Employee Last Name:	First Name:	Job Title:
UMID:	Department:	Department Head's Name:

Work Schedule information MUST be completed

Work Schedule: from: __________ ☐ am ☐ pm to: __________ ☐ am ☐ pm

Check appropriate days: ☐ M ☐ TU ☐ W ☐ TH ☐ F ☐ SAT ☐ SUN

Employee's Statement of Grievance (include facts, dates, provisions of the agreement violated and remedy desired).

Employee's SIGNATURE:	DATE Received by Department Head:

Chief Steward's NAME:

Department Head's Decision

Department Head's SIGNATURE:	DATE given to Employee:

Copy to: Appropriate HR Office |Employee | District Steward | Chief Steward | AFSCME Local 1583 | Employee's Supervisor