

GRIEVANCE RECORD

TEAMSTERS LOCAL 222

No. _____

PLEASE FILL OUT COMPLETELY

Grievant Name		Telephone No.
Mailing Address _____ City, State, Zip _____		
Email:		
Name of company against whom you are filing complaint:		
Occupation	Seniority Date	Employee I.D. # (If applicable)
Worksite Location/Center Name:		
Manager/Supervisor		
Violation of National Master UPS Agreement Article 37, Section 1(c) for excessive overtime. Please enter hours worked below, and if using a UPS timecard app, subtract any unpaid break time or lunch.		
This grievance is for weekending:		
Hours for Monday:		
Hours for Tuesday:		
Hours for Wednesday:		
Hours for Thursday:		
Hours for Friday		
Total Estimated Hours over 9.5:		
When did you join Local 222?		
<i>This submission is written request that the grievant be paid the triple time penalty for these hours of excessive overtime.</i>		
This will constitute Teamsters Local 222 or any employee or agent designated by them as my attorney-in-fact empowered to receive on my behalf any monies due me. ***GRIEVANT'S SIGNATURE_____		
DO NOT USE THIS SPACE to be filled out by LOCAL UNION 222 ONLY		
Total verified penalty hours:		
Meeting Date:	Total Settlement:	
Union Representative Printed Name:		
Union Representative Signature:		
Company Representative Printed Name:		
Company Representative Signature:		