APPENDIX A

LAWRENCE LIVERMORE NATIONAL LABORATORY

SKILLED TRADES GRIEVANCE FORM

Skilled Trades Bargaining Unit Employees filing a formal grievance are to complete Parts I & II of this form and file it with the Staff Relations Office within 60 calendar days of the action giving rise to the complaint.

FOR STAFF RELATIONS USE: DATE COMPLAINT RECEIVED.

PART I. Employee Information

Name:		Individual ☐	Group ☐	Union ☐
Department:		Classification Code:	Classification Title:	
Home Address:		Home Phone:	Work Phone:	
Supervisor's Name:	Supervisor's Phone:	I discussed my complaint with my supervisor on (date):		

If represented in complaint, please provide the following:

Representative's Name:	Representative's Phone:
Representative's Organization:	Organization's Address:

PART II. Employee's Statement of Complaint

A. Please briefly summarize specific actions alleged to be in violation. Attempt to answer who, what, when, where, why and how.

B. Please identify Articles of the LLNS / SPSE-UPTE Collective Bargaining Agreement alleged to have been violated.

C. Please state action requested or remedy sought.

Employee's Signature	Date:

(Attach additional sheets as necessary)