Record of Grievance
between
Communications Workers of America (CWA)
and
AT&T Southeast (ATTSE)

☐ BST ☐ Billing ☐ Utility Operations ☐ Other_____ | **Grievance Number** (Assigned by CWA Staff Office)

1. Grievance Occurred	Date	City & State		Local Number
2. Grieving Employee Or Work Group Involved**	Name of Employee or Work Group	Employee ATTUID		Department
	Job Title	Employee Payroll ID (PERNR)		Seniority Date
2A. Selection Grievances Only	Job Title Involved/Requested	Requisition Number		Other Department Involved/Requested
3. Union's Statement Of What Happened				
4. Specific Basis Of Grievance Or Section Of Contract Involved	And other applicable sections, the true intent and meaning of each; and the failure of the Company to perform its obligations thereunder.			
5. Date Informal Meeting Held	Date 3G3R Issued	Date 2nd Level Meeting Held		
Union Representative Originating Form (Print Name/ATTUID, *if applicable)*	Signature	Date		
6. Company's Statement Of What Happened				
7. Proposed Disposition - Second Level				
Company Representative (Print Name/ATTUID)	Signature	Date		
8. ☐ Accepted ☐ Rejected ☐ Appealed ☐ Requested Mediation	Union Representative (Print Name/ATTUID, *if applicable*)	Signature	Date	
9. Mediation *Not Applicable if Panel Used*	Date Requested	Date Held	☐ Accepted ☐ Rejected ☐ Appealed	
	Mediator Name			
10.	True Intent Question Exists: ☐ Yes ☐ No		True Intent Question Exists: ☐ Yes ☐ No	
	Union Representative Signature/ATTUID, *if applicable*	Date	Company Representative Signature/ATTUID	Date
11. Proposed Disposition – Third Level				
Company Representative (Print Name / ATTUID)	Signature	Date		
12. ☐ Accepted ☐ Rejected ☐ Appealed to 4th Level (Applicable to contract interpretation only) ☐ Arbitration Requested (See Lines 16 & 17)	Union Representative (Print Name)			
	Union Representative (Signature)	Date		

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13.	**Mediation**	Date Requested	Date Held	☐ Accepted ☐ Rejected ☐ Appealed
		Mediator Name		
14.	**Proposed Disposition-Fourth Level**			
		Company Representative (Print Name/ATTUID)	Signature	Date
15.	☐ Accepted ☐ Rejected ☐ Arbitration Requested	Union Representative (Print Name)	Signature	Date
16.	**Company's Position – Third Level Explanation (4th Step or Arbitration)**			
		Company Representative (Print Name/ATTUID)	Signature	Date
17.	**Union's Position – Third Level Explanation (4th Step or Arbitration)**			
		Union Representative (Print Name)	Signature	Date

18. Conference Record

Date of Conference	Level At Which Conference Held	Union Committee Chairperson	Company Committee Chairperson

** If more than one Grievant, use attachment to reflect required information.

Where sufficient space is not available, make attachments as necessary to this form. Attachments should also include letters, parties' position at each conference, statements, affidavits, and other pertinent information.

Three copies of this form are to be submitted to the Company at the initial step of presentation. Two of these forms are to be returned to the Union Representative showing the proposed disposition of the grievance. One copy will be returned to the Company showing the proposed disposition of the grievance, i.e. accepted, rejected or appealed. Each representative of the parties will forward one copy to the next higher level of organization as appropriate.

At the third step each party will furnish one copy of the grievance form for entry of proposed disposition and the Union's acceptance, rejection or appeal.

The position of each party at 3rd Step will be indicated on lines 16 and 17 prior to forwarding to the 4th Step or Arbitration.