

TEAMSTERS LOCAL 19

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Request for System Board Hearing

Date Submitted: _____ Case Number: _____

Company: _____ Station: _____

Steward Name: _____ Contact Number: _____

Grievant Name: _____ Employee Number: _____

The Grievance is for Discipline: _____ Contractual: _____

Facts of Grievance: _____

Article Number(s) that apply: _____

Comments: _____

Business Representative Signature: _____