

U.S. POSTAL SERVICE ROUTING SLIP		DEPT., OFFICE OR ROOM NO.	<input type="checkbox"/> APPROVAL <input type="checkbox"/> SIGNATURE <input type="checkbox"/> COMMENT <input type="checkbox"/> SEE ME <input type="checkbox"/> AS REQUESTED <input type="checkbox"/> INFORMATION <input type="checkbox"/> READ AND RETURN <input type="checkbox"/> READ AND FILE <input type="checkbox"/> NECESSARY ACTION <input type="checkbox"/> INVESTIGATE <input type="checkbox"/> RECOMMENDATION <input type="checkbox"/> PREPARE REPLY
TO:			
1. Mgmt.			
2 Must Be Filled Out In Triplicate (3)			
3 Date & Time of Initial Meeting:			
4 Grievance #			
5			
FROM		Extension	
DATE:	TIME:	Room No.	
<p>I wish to see my union steward _____ regarding a possible grievance.</p> <p style="text-align: center;">(Name of Specific Steward Requested)</p> <p>_____</p> <p>Time and Date</p> <p>_____</p> <p>Employee Signature</p> <p>Remarks/Reason _____</p> <p>You may see your steward at _____</p> <p style="text-align: center;">(Time and Date)</p> <p>_____</p> <p style="text-align: center;">(Supervisor's Signature) (Date)</p> <p>Remarks: (If delay, comments required.)</p> <p style="text-align: center;">MUST BE FILLED OUT IN TRIPLICATE</p>			