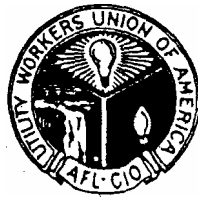


UTILITY WORKERS UNION OF AMERICA
Affiliated with A.F.L.-C.I.O.



LOCAL UNION _____

Date Filed _____

Case No. _____

Company _____

City and State _____

Employee's Name _____

Plant or Division _____

Department _____

Number of men involved _____ Date of grievance _____

WITNESSES	NAME	DEPARTMENT
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Name of Shop Steward or Committeeperson _____

Description of grievance _____

Signature of employee _____

DISPOSITION OF CASE: _____ Date _____

(a) Foreman's Name _____ Date _____

(b) Superintendent's Name _____ Date _____

(c) Division Manager's Name _____ Date _____

(d) Company Management-Name _____ Date _____

FINAL DISPOSITION _____

For the Company _____ For the Union _____