

IBEW SCU-8

Grievance Form Guidelines

Before you complete this form, have you done the following?

- Consult with your Steward?
- Got all the facts?
- Check the contract for the grievance procedure timelines? (Article IX)
- Has this first been raised with the supervisor as a verbal discussion? (**within 30 calendar days of actual incident**)

If you are not satisfied with the response from your supervisor then you are now ready to proceed with a written first step grievance. A written first step grievance **must** be filed with your supervisor within **14 calendar days** of the date of the verbal discussion

- Fill in all of the information requested on the grievance form.
- For a first step grievance, you must fill out the form and give a copy to your supervisor and steward, then make a copy for your records. The company has **7 calendar days** in which to respond to your grievance in writing.
- If you determine that the answer you received from your supervisor is not acceptable, you have **7 calendar days** to file a second step grievance. In order to file a second step grievance, you must give a copy to your supervisor and steward, mail (**via the US Postal Service only**) to the Labor Relations Department and the System Council U-8 office. The addresses are as follows: (**recommend certified mail, return receipt to Labor Relations**)

Progress Energy Florida
Labor Relations Dept.
PO Box 14042
St. Pteresburg, Fl. 33733

IBEW SCU-8
ATTN: Joseph L. Adams
4314 North Suncoast Blvd
Crystal River, Florida 34428

- If you fail to meet any of the time lines mentioned above, your grievance will be in default.**
- Should there be any changes in information regarding your grievance – i.e. address, telephone, etc please notify your Local Union.
- Please ensure that all relevant documents are forwarded to your Union Representative or System Council. These documents include the grievance forms, Company answers, investigatory forms, evidence documents, witness lists and a records release.

GRIEVANCE FORM * JOB PROTEST FORM

(Please print or type all information)

Grievance	Date Submitted	Grievance Number <small>(assigned by LR)</small>	
First Step			
Second Step		Posting Number	Posting Date
Job Protest			

Last Name	First Name	Local Union
Address		
City	State	Zip
Home Phone	Cell Phone	Home Email
Dept.	Job Class	Wage Rate
Work Loc	Mail Code	Co Email
Work Phone	Shift	Supervisor

Affected Articles and Sections of the MOA									
Article		Article		Article		Article		Article	
Section		Section		Section		Section		Section	
(and any other article, MOC, MOU, policy, or procedure that may apply)									

Group or Employee Affected	
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Grievance or Job Protest Basis

Requested Resolution

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Signature

