## KAISER ALUMINUM & CHEMICAL CORPORATION

**TRENTWOOD WORKS**

STEP 2 GRIEVANCE FORM

All spaces must be completed

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employee’s Name: | Badge: | Department: | Griev.No. | Position Title: | |
| Foreman’s Name: | Present Date: | | Date Griev. Occurred: | | Time of Griev. |
| Statement of Employee Grievance. Be Specific: | | | | | |
| Section of Contract relied upon or claimed to have been violated, if any: | | | | | |
| Remedy  Employee’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Signed and delivered by Grievance Committeeman:  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Received and Signed by Superintendent or Company Representative:  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Company’s Disposition:    Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

Distribution of form: ACCEPTED

1 Copy: Industrial Relations Department REJECTED

1 Copy: Department WITHDRAW

2 Copies Union Grievance Committeeman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## KAISER ALUMINUM & CHEMICAL CORPORATION

**TRENTWOOD WORKS**

STEP 2 GRIEVANCE FORM

Statement of Grievance Continued