## APPENDIX A

LAWRENCE LIVERMORE NATIONAL LABORATORY

# SKILLED TRADES GRIEVANCE FORM

Skilled Trades Bargaining Unit Employees filing a formal grievance are to complete Parts I & II of this form and file it with the Staff Relations Office within 60 calendar days of the action giving rise to the complaint.

| FOR STAFF RELATIONS USE: DATE COMPLAINT RECEIVED. |
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| |

**PART I. Employee Information**

| | | | | |
|---|---|---|---|---|
| Name: | | Individual ☐ | Group ☐ | Union ☐ |
| Department: | | Classification Code: | Classification Title: | |
| Home Address: | | Home Phone: | Work Phone: | |
| Supervisor's Name: | Supervisor's Phone: | I discussed my complaint with my supervisor on (date): | | |

If represented in complaint, please provide the following:

| | |
|---|---|
| Representative's Name: | Representative's Phone: |
| Representative's Organization: | Organization's Address: |

**PART II. Employee's Statement of Complaint**

A. Please briefly summarize specific actions alleged to be in violation. Attempt to answer who, what, when, where, why and how.

B. Please identify Articles of the LLNS / SPSE-UPTE Collective Bargaining Agreement alleged to have been violated.

C. Please state action requested or remedy sought.

| | |
|---|---|
| Employee's Signature | Date: |

(Attach additional sheets as necessary)