Midwest Nebraska Central Labor Council





Time Claim Information FOR THE UNION ONLY





To be filled out by the steward and attached to the UNION ONLY COPY of Grievance No ______ Local _____

WHO (Your Name)	
YOUR GRIEVOR:	
FOREMAN OR OTHER MANAGEMENT INVOLVED:	
Name:	
Department:	
Job Title:	
WITNESSES OR OTHER PERSONS INVOLVED:	
¹ Name:	
Department:	
Job and Class:	
2 Name 2	
² Name:	
Department:	
Job and Class:	
WHAT HAPPENED? WHAT IS THE GRIEVANCE ABOUT?	
	Re-Print

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WHEKE DID THE GRIEVANCE OCCUR? (Exact location - department, machine, aisle, job number, etc.; include diagram sketch or photo if helpful)	
WHEN DID THE GRIEVANCE OCCUR? (Date and time began? How often? For how long? Is it within time limits to proceed with a grievance?)	
WHY is this a grievance?	

RSP Endorsement by MidWest CLC



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