

GRIEVANCE PAYMENT REQUEST FORM

The GRIEVANCE INFORMATION and SETTLEMENT INFORMATION portions of this form must be completely filled out when requesting a grievance payment.

IT IS MANAGEMENT'S RESPONSIBILITY TO COMPLETE THIS FORM FOR THE GRIEVANCE PAYMENT. Failure to complete this form may cause delay in processing and payment.

The signed settlement must accompany this form

GRIEVANCE INFORMATION

OFFICE NAME:	FINANCE NUMBER:
INCIDENT DATE:	SETTLEMENT DATE:
GRIEVANT'S NAME OR CLASS ACTION:	EMPLOYEE ID NUMBER::
ARTICLES/ISSUES CITED:	AMOUNT OF PAYMENT:

SETTLEMENT INFORMATION

<u>INFORMAL UNION REP:</u> (please print)	<u>FORMAL UNION REP:</u> (please print)
 <u>INFORMAL MGMNT REP:</u> (please print & sign)	 <u>FORMAL MGMNT REP:</u> (please print & sign)

FOR PROCESSING ONLY

DATE SETTLEMENT WAS RECEIVED:	DATE CASE ENTERED INTO GATS:
GATS INPUT MADE BY:	GATS CASE NUMBER: