

APPENDIX IV
PEARL HARBOR NAVAL SHIPYARD EMPLOYEE GRIEVANCE FORM

NAME OF GRIEVANT _____
(PRINT OR TYPE PLAINLY)

POSITION _____

SHOP OR OFFICE AND BADGE NUMBER _____

SUPERVISOR _____

GRIEVANT'S REPRESENTATIVE _____
(NAME) (BADGE NO.)

IF OTHER THAN SHIPYARD EMPLOYEE, FULL ADDRESS:

(PHONE NO.)

NATURE OF GRIEVANCE:

CORRECTIVE ACTION REQUESTED:

RECORDS OF WHICH EXAMINATION IS REQUESTED _____

FIRST STEP

SUBMITTED BY: _____ DATE _____
(Grievant's Signature)

APPROVED BY: _____ DATE _____
(Council Official's Signature)

TO: _____
(Supervisor)

RECEIVED BY: _____ DATE _____
(Supervisor's Signature)

SUPERVISOR'S DECISION RECEIVED BY: _____
(Signature)

DATE: _____

SECOND STEP

SUBMITTED TO: _____ DATE _____
(Supervisor or Management Official)

RECEIVED BY: _____ DATE _____
(Signature)

2ND STEP DECISION RECEIVED BY: _____
(Signature)

DATE: _____

THIRD STEP

SUBMITTED TO: _____ DATE _____
(Department/Office Head)

RECEIVED BY: _____ DATE _____
(Signature)

3RD STEP DECISION RECEIVED BY: _____
(Signature)

DATE: _____