## Record of Grievance Between Communications Workers of America (CWA) And AT&T Southeast (ATTSE)

	BST	Billing Utility Operations	Grievan	ce Number (Assigne	d by CWA State Office			
1.	Grievance Occurred	- 7				Loc	ocal Number	
2.	Grieving Employee Or Work Group	Name of Employee or Work Group			Employee ATTUID		Department	
	Involved**	Job Title		Employee Payroll ID (PERNR)		Ser	Seniority Date	
2A.	Selection Grievances Only	Job Title Involved/Requested		Requisition Number Other Department Involv			er Department Involve	d/Requested
3.	Union's Statement Of							
	What Happened							
	Паррепеа							
4.	Specific Basis Of Grievance							
	Or Section Of Contract	A - d - 4b 1i b   4i 4b 4	:	:				d
	Involved	And other applicable sections, the true			and the failure of the Comp	pany to perro	rm its obligations there	under.
5.	Date Informal M	I Meeting Held Date 3G3R Issue				Date 2nd	2 2nd Level Meeting Held	
Unio	n Representative	Originating Form (Print Name/ATTUID	, if applicable) S	Signature				Date
6.	Company's Statement Of							
	What							
	Happened							
7.	Proposed Disposition -							
	Second Level							
		Company Representative (Print Name	/ATTLUD)		Signature			Date
	_							Duic
8.	Accepted Appealed Requested	Rejected Union Representative (Print Name/ATTUID, if applicable) Signature  Mediation					Date	
9.	Mediation	Date Requested	Da	ite Held			Accepted	Rejected
	Not Applicable if Panel Used	Mediator Name					Appealed	
10.	True Intent Que	stion Exists: Yes No			True Intent Question Exis	its:	 Yes ☐ No	
	Union Representative Signature/ATTUID, if applicable Date				Company Representative Signature/ATTUID			Date
11.	Proposed				•			•
	Disposition – Third Level							
		Company Representative (Print Name	/ ATTUID)	Sig	nature			Date
12.	Accepted Rejected		Union Representative (Print Name)				Date	
	Appealed t  (Applicable	o 4 <sup>th</sup> Level to contract interpretation only) Requested (See Lines 16 & 17)	Union Representative (Signature)					

(05/2018) Page 2			Record	Grievance Number (assigned from page 1)						
13. Mediation		Date Requested Da								
		Mediator Name	•		Appealed					
14.	Proposed Disposition- Fourth Level									
		Company Representative (	(Print Name/ATTUID)	Signature		Date				
15.		pted Rejected Union Representative (Print Name)		Signature	Signature					
16.	Company's Position – Third Level Explanation (4 <sup>th</sup> Step or Arbitration)	Company Representative (	(Print Name/ATTUID)	Signature		Date				
Union's Position – Third Level Explanation (4 <sup>th</sup> Step or Arbitration)		Union Representative (Prin	nt Name)	Signature		Date				
18.	Conference Record	Date of Conference	Level At Which Conference Held	Union Cor Chairpe	mmittee erson	Company Committee Chairperson				

Where sufficient space is not available, make attachments as necessary to this form. Attachments should also include letters, parties' position at each conference, statements, affidavits, and other pertinent information.

Three copies of this form are to be submitted to the Company at the initial step of presentation. Two of these forms are to be returned to the Union Representative showing the proposed disposition of the grievance. One copy will be returned to the Company showing the proposed disposition of the grievance, i.e. accepted, rejected or appealed. Each representative of the parties will forward one copy to the next higher level of organization as appropriate.

At the third step each party will furnish one copy of the grievance form for entry of proposed disposition and the Union's acceptance, rejection or appeal.

The position of each party at 3<sup>rd</sup> Step will be indicated on lines 16 and 17 prior to forwarding to the 4<sup>th</sup> Step or Arbitration.

<sup>\*\*</sup> If more than one Grievant, use attachment to reflect required information.