



Record of Grievance  
Between  
Communications Workers Of America (CWA)  
And  
AT&T Mobility

|   |   |                           |                    |
|---|---|---------------------------|--------------------|
|   | CW Grievance Number   | District Grievance Number |                    |
| 1. Grievance Occurred                       | Date  |                           | Department         |
|   | Specific Location & State   |                           | Local              |
| 2. Grieving Employee or Work Group Involved | Name of Employee or Work Group  |                           |                    |
|   | Job Title   |                           | NCS                |
| 3. Union's Statement of what happened       |   |                           |                    |
|   |   |                           |                    |
|   |   |                           |                    |
|   |   |                           |                    |
| 4. Specific Contract Article involved:      | and any other applicable articles.  |                           |                    |
| 5.  | Date of Informal  | Date 1st Step Requested   | Date 1st Step Held |
| 6. Company's Statement of what happened.    |   |                           |                    |
|   |   |                           |                    |
|   |   |                           |                    |
| 7. Proposed Disposition 1st level           |   |                           |                    |
|   | Signed (Co Rep)   |                           | Date               |
|   |   |                           |                    |
| 8.  | <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Appealed to 2nd Level  |                           | Signed (CWA Rep)   |
|   |   |                           | Date               |
| 9. Proposed Disposition 2nd Level           |   |                           |                    |
|   |   |                           |                    |
|   |   |                           |                    |
|   | Signed (Co Rep)   |                           | Date               |
| 10.   | <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Request Mediation <input type="checkbox"/> Request Arbitration |                           |                    |

Prepare 3 Copies

Signed (CWA Rep)

Date

Record of Grievance (Cont'd)

|                                     |                  |      |
|-------------------------------------|------------------|------|
| 11. Company's Position<br>1st Level |                  |      |
|                                     |                  |      |
|                                     |                  |      |
|                                     |                  |      |
|                                     |                  |      |
|                                     |                  |      |
|                                     |                  |      |
|                                     | Signed (Co Rep)  | Date |
|                                     |                  |      |
| 12. Union's Position<br>1st Level   |                  |      |
|                                     |                  |      |
|                                     |                  |      |
|                                     |                  |      |
|                                     |                  |      |
|                                     |                  |      |
|                                     |                  |      |
|                                     | Signed (CWA Rep) | Date |
|                                     |                  |      |
| 13. Company's Position<br>2nd Level |                  |      |
|                                     |                  |      |
|                                     |                  |      |
|                                     |                  |      |
|                                     |                  |      |
|                                     |                  |      |
|                                     |                  |      |
|                                     | Signed (Co Rep)  | Date |
|                                     |                  |      |
| 14. Union's Position<br>2nd Level   |                  |      |
|                                     |                  |      |
|                                     |                  |      |
|                                     |                  |      |
|                                     |                  |      |
|                                     |                  |      |
|                                     |                  |      |
|                                     | Signed (CWA Rep) | Date |
|                                     |                  |      |

When sufficient space is not available, make attachments as necessary to this form. Attachments should include letters, parties' position at each meeting, 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 should be returned to the Union Representative showing the proposed disposition. One copy will be returned to the Company showing the proposed disposition of the grievance, i.e. accepted, rejected, or appealed. Each representative will forward one copy to the next higher level of organization as appropriate.