

**GRIEVANCE REQUEST BY JOB APPLICANT EMPLOYEE OR  
FORMER EMPLOYEE OF  
BILL'S ELECTRIC COMPANY**

**Note:** This grievance form shall not be used as to matters Employee desires to bring only before NLRB (National Labor Relations Board).

- (1). GRIEVANT'S NAME:
- (2). SOCIAL SECURITY NO.:
- (3). ADDRESS:
- (4). PHONE NO. \_\_\_\_\_ FAX NO.
- (5). STATEMENT OF FACTS SUPPORTING CLAIM (DATES, TIMES AND NAMES OF PERSONS WHO YOU CLAIM VIOLATED YOUR RIGHTS):

\_\_\_\_\_.

- (6). NAMES AND ADDRESSES OF WITNESSES SUPPORTING YOUR CLAIMS:

ADDRESS

PHONE NO.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (7). IF YOU CLAIM OTHER PERSONS WERE GIVEN JOBS WHICH YOU SHOULD HAVE HAD, LIST THE FOLLOWING FACTS:

NAME OF EMPLOYEE

JOB WHERE EMPLOYED

DATES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (8). NAME AND JOB TITLE OF PERSONS WHO VIOLATED YOUR RIGHTS:

- (9). ARE YOU EMPLOYED?

- (10). WHERE?

(11). LIST JOBS YOU HAVE HAD SINCE DATE YOU CLAIM YOUR RIGHTS WERE VIOLATED BY EMPLOYER.

<u>EMPLOYER NAME</u>	<u>EMPLOYER ADDRESS</u>	<u>LAST DATE EMPLOYED THERE</u>	<u>PAY RATE</u>
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(12). DO YOU WANT TO HAVE BINDING ARBITRATION IN ACCORDANCE WITH THIS COMPANY'S ADR FORMS WHICH YOU HAVE BEEN FURNISHED?

(13). WHAT REMEDY DO YOU SEEK?

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(14). OTHER INFORMATION YOU DEEM PERTINENT:

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(15). RIGHT TO ATTORNEY: As a grievant, you have a right to have an attorney to represent you. Please list your attorney's name, address and phone number:

NAME:

ADDRESS:

PHONE:

**THIS POLICY DOES NOT APPLY TO MATTERS EMPLOYEE DESIRES TO FILE WITH THE NLRB (NATIONAL LABOR RELATIONS BOARD).**

**THIS CONTRACT CONTAINS A BINDING ARBITRATION PROVISION WHICH MAY BE ENFORCED BY THE PARTIES.**

SIGNATURE OF GRIEVANT \_\_\_\_\_ DATE \_\_\_\_\_

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