

**STATE OF CONNECTICUT
ENGINEERING, SCIENTIFIC AND TECHNICAL (P-4)
GRIEVANCE FORM A (Rev. 5/17/2001)**

OFFICIAL USE ONLY	
Union Code:	_____
Agency-Fiscal Yr-Series No	
Mgmt Code:	_____

NAME OF GRIEVANT _____ AGENCY _____
OFFICIAL CLASS TITLE _____ DATE OF ALLEGED VIOLATION _____
SPECIFIC CONTRACT PROVISION VIOLATED (*Article, Section*) _____

Statement of Grievance (*Facts and Issues Involved*):

(see next page for additional space)

Specific Remedy Requested:

I hereby declare that all statements made herein are true and accurate to the best of my knowledge and I desire representation in this grievance as follows:

My Representative will be _____ of _____
(Name of Representative) *(Union)*

I will represent myself.

(Signature of Employee) *(Signature of Representative)*

DATE FILED AT STEP 1 _____

ANSWER AT STEP 1 (*Subagency Designee*):

(see next page for additional space)

(Signature of Respondent) *(Date of Meeting)* *(Date of Response)*

I acknowledge settlement of my grievance

I appeal the decision and request review and response at next step

(Signature of Employee)

(Signature of Union Representative)

DATE FILED AT STEP 2 _____

ANSWER AT STEP 2 *(Agency Head or Designee)*

(see below for additional space)

(Signature of Respondent)

(Date of Meeting)

(Date of Response)

I acknowledge settlement of my grievance

I appeal decision and request review and response at next step

(Signature of Employee)

(Signature of Union Representative)

DATE FILED AT STEP 3 _____

ADDITIONAL SPACE FOR RESPONSES *(Indicate Applicable Step)*