



First Line Manager _____

Local # **3406**

Area Manager _____

Informal Grievance Record Request Form

Name of Grievant(s) _____

Article: _____ and any others that apply.

.....
Please supply the following Documentation:

- | | | |
|--|---|---|
| <input type="checkbox"/> Entries | <input type="checkbox"/> Medical | <input type="checkbox"/> Security Investigation |
| <input type="checkbox"/> All Mgrs Working File | <input type="checkbox"/> Disability Letters | <input type="checkbox"/> Misc. Info used for Discipline |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Education/Training | <input type="checkbox"/> Job Description |
| <input type="checkbox"/> Others _____ | | |

Signature: _____

Date: _____

RELEASE OF PERSONAL AND/OR MEDICAL RECORDS

I, _____, the undersigned, do hereby grant permission for all Union Representatives involved to examine, review and obtain copies when necessary, of any and all portion of my personal and/or medical records maintained by the company, which are necessary to process a grievance in my behalf.

I understand all information and discussions of a personal nature pertaining to these records or copies of same will be held in strict confidence unless otherwise stated by me.

Signed: _____

Date: _____