CITY OF MIAMI BEACH BARGAINING UNIT GRIEVANCE PROCEDURE FORM	
UNION GRIEVANCE #:	LABOR RELATIONS GRIEVANCE #:
Instructions: Spaces 1-9 should be typed so that the same information appears at all steps. The lower portion is to be completed at each step.	
1. Bargaining Unit (check one only):	
FRATERNAL ORDER OF POLICE (FOP) AMERICAN FEDERATION OF STATE, COUNTY & MUNICIPAL EMPLOYEES (AFSCME)	INTERNATIONAL ASSOCIATION OF FIREFIGHTERS (IAFF) COMMUNICATIONS WORKERS OF AMERICA (CWA) GOVERNMENT SUPERVISORS ASSOCIATION OF FLORIDA (GSAF)
2. Date of Occurrence:	3. Employee's Name & Classification:
4. Employee's Department/Division & Telephone Ext. ():	5. Employee's Immediate Supervisor & Telephone Ext. ():
6. Statement/Nature of Grievance:	
7. Contract Article(s) Alleged Violated:	
8. Suggested Adjustment:	
9.	
Employee Signature DateUnion Representative's Signature Date	
TO BE COMPLETED AND PRESENTED AT EACH STEP	
	Received by (signature/title):
Step 1 - Presented by (signature/title) Date: Date: STEP 1 RESPONSE (FROM DIVISION TO PRESENTER)	
Grievance Denied (state why):	
Grievance Resolved (state how):	
(signati	ure/title) Date:
· · · · · · · · · · · · · · · · · · ·	Received by (signature/title):
Step 2 - Presented by (signature/title) Date:	Date:
STEP 2 RESPONSE (FROM DEPARTMENT TO PRESENTER)	
Grievance Denied (state why): Grievance Resolved (state how):	ŝ
(signatu	ure/title) Date:
	Received by (signature/title):
Step 3 - Presented by (signature/title) Date: See Attached Berly to Step 3 from City Honororis Designed (Labor Delation)	Date:
See Attached Reply to Step 3 from City Manager's Designee/Labor Relations Received by (signature/title):	
ARBITRATION REQUEST/Presented by (signature/title) Date:	Received by (signature/title): Date:

AMERICAN FEDERATION OF STATE, COUNTY & MUNICIPAL EMPLOYEES AFSCME LOCAL 1554

ELECTION OF REMEDY FORM

Grievance No. (if applicable)___

This form must be completed and signed prior to the second step of the grievance procedure, or at the time when appeal to Personnel Board is filed.

Employee must elect, sign, and date only one of the two following choices:

1.

2.____

I/We elect to utilize the Grievance Procedure contained in the current Contract between the City of Miami Beach, Florida, and AFSCME Local 1554.

Signature

Date

I/We elect to utilize another forum for my/our grievance, and in doing so, I/we permanently waive my/our contractual right to the Grievance Procedure contained in the current Labor Contract between the City of Miami Beach, Florida, and AFSCME Local 1554.

Signature

Date

If Number 1 is elected, sign if you wish to authorize the following:

I/We hereby authorize AFSCME Local 1554 to process the attached grievance on my/our behalf.

Signature

Date

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