

CIVILIAN EMPLOYEES GROUP GRIEVANCE WAIVER AGREEMENT

Instructions: Complete this waiver agreement form and obtain signature of group grievant prior to the grievance meeting. This completed document must be submitted to the Office of Finance Personnel Section or the designee prior to the grievance meeting.

Note: THIS FORM IS NOT A GRIEVANCE INITIATION FORM. To initiate a group grievance, the City's Grievance Initiation Form, Form Gen. 162, must be filed in accordance with the appropriate MOU Grievance Procedures.

Union: _____ MOU Name & Number: _____

Union Representative: _____ Phone: _____

Bureau: _____ Division: _____

Date Issue Arose: _____

Briefly describe nature of grievance: _____

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- I hereby claim that I have a grievance with the same facts and issues.
 - I understand the Union will file this grievance on my behalf.
 - I understand that I will be part of a group grievance, whereby said grievance will be processed under my MOU's Group Grievance procedures.
 - I understand that I am voluntarily waiving my respective right to file an individual grievance on this issue.
 - I voluntarily elect to waive my rights to discuss the grievance with my immediate supervisors at the informal level and all subsequent levels of review.
 - I understand this completed waiver shall be submitted to the Office of Finance Personnel or designee prior to the grievance meeting.

I, the undersigned, agree to the above statements and my signature below indicates my understanding of the conditions described herein and confirms my recognition that I am party to the aforementioned grievance:

PRINT NAME

SIGNATURE

DATE