Date:

Mr. Ed Bradshaw
Local 710 Business Agent
4217 South Halsted St.
Chicago, Il. 60609-2674

PLEASE USE THE FOLLOWING TO FILE A GRIEVANCE ON MY BEHALF:

Name _____ Home Phone: _____
Address _____ Cell Phone: _____
City _____ State ____ Zip code _____ Class of Work: Road Driver
Length of Service: __yrs _ mos. Seniority # _____ Company ID # _____

Roadway Express Supervisor: _____
2000 Lincoln Highway
Chicago Heights, Il. 60411

Articles Violated: _____ and any other applicable articles

Pay Claim for $_____

I have not been denied this claim, nor have I been paid.

_____
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Member's signature: _____