

YOU MUST INDICATE THE ARTICLE VIOLATED ON THIS FORM.

If this information is not provided the grievance will be returned to you to complete. The grievance cannot be processed without the Article violation on it. You must file a proper grievance on discharge and suspension letters within ten (10) days.

SINGLE DRIVER INFORMATION FORM Date _____

Name _____ Address _____

City _____ State _____ Zip _____ Phone Number _____

Employed By: YRC Location: (Circle) 303 309

Class of Work Road Supervisor _____ Length of Service Yrs. ____ Mos. ____

Article (s) Violated _____

If this is a Pay claim, state number of hours _____ miles _____ Total Amount _____

State nature of complaint (Give names, dates, times and places)

Please accept this Grievance Information Form as my request to file this as a formal Grievance.

Last Four Digits S.S. # _____ Members Signature _____

YOU MUST MAIL A COPY OF THIS INFORMATION FORM TO TEAMSTER LOCAL 710, 9000 W. 187th Street, Mokena, IL. 60448