

**Record of Grievance
Between
Communications Workers of America (CWA)
And
DIRECTV Southeast Field Services (DTV)**

| | | | | | |
|---|--|-------------------------|---|------------------------------------|--|
| | | | Grievance Number (Assigned by CWA State Office) | | |
| 1. Grievance Occurred | Date | City & State | Local Number | | |
| 2. Grieving Employee Or Work Group Involved** | Name of Employee or Work Group | | Employee UID | | Department |
| | Job Title | | Employee Payroll ID (PERNR) | | Seniority Date |
| 2A. Selection Grievances Only | Job Title Involved/Requested | | Requisition Number | | Other Department Involved/Requested |
| 3. Union's Statement Of What Happened | <hr/> <hr/> <hr/> <hr/> <hr/> | | | | |
| 4. Specific Basis Of Grievance Or Section Of Contract Involved | <hr/> <hr/> <hr/> <hr/> <p>And other applicable sections, the true intent and meaning of each; and the failure of the Company to perform its obligations thereunder.</p> | | | | |
| 5. Date Informal Meeting Held | | Date 3G3R Issued | | Date 2nd Level Meeting Held | |
| Union Representative Originating Form (Print Name/UID, if applicable) | | | Signature | | Date |
| 6. Company's Statement Of What Happened | <hr/> <hr/> <hr/> <hr/> <hr/> | | | | |
| 7. Proposed Disposition - Second Level | <hr/> <hr/> <hr/> <hr/> <hr/> | | | | |
| Company Representative (Print Name/UID) | | | Signature | | Date |
| 8. | <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Appealed <input type="checkbox"/> Requested Mediation | | Union Representative (Print Name/UID, if applicable) | | Signature |
| | | | | | Date |
| 9. Mediation | Date Requested | | Date Held | | <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Appealed |
| <i>Not Applicable if Panel Used</i> | | | Mediator Name | | |
| 10. | True Intent Question Exists: <input type="checkbox"/> Yes <input type="checkbox"/> No | | True Intent Question Exists: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Union Representative Signature/UID, if applicable | | Date | Company Representative Signature/UID | | Date |
| 11. Proposed Disposition - Third Level | <hr/> <hr/> <hr/> <hr/> <hr/> | | | | |
| Company Representative (Print Name/UID) | | | Signature | | Date |
| 12. | <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Appealed to 4 th Level (Applicable to contract interpretation only) <input type="checkbox"/> Arbitration Requested (See Lines 16 & 17) | | Union Representative (Print Name) | | Date |
| | | | Union Representative (Signature) | | |

Record of Grievance

Grievance Number (assigned from page 1)

| | | | | |
|--|---|-----------------------------------|--|-------------------------------|
| 13. Mediation | Date Requested | Date Held | <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Appealed | |
| | Mediator Name | | | |
| 14. Proposed Disposition- Fourth Level | | | | |
| | Company Representative (Print Name/UID) | | Signature | Date |
| 15. | <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Arbitration Requested | Union Representative (Print Name) | Signature | Date |
| 16. Company's Position – Third Level Explanation (4th Step or Arbitration) | | | | |
| | Company Representative (Print Name/UID) | | Signature | Date |
| 17. Union's Position – Third Level Explanation (4th Step or Arbitration) | | | | |
| | Union Representative (Print Name) | | Signature | Date |
| 18. Conference Record | Date of Conference | Level At Which Conference Held | Union Committee Chairperson | Company Committee Chairperson |
| | | | | |
| | | | | |

***If more than one Grievant, use attachment to reflect required information.

Where sufficient space is not available, make attachments as necessary to this form. Attachments should also include letters, parties' position at each conference, statements, affidavits, and other pertinent information.

Three copies of this form are to be submitted to the Company at the initial step of presentation. Two of these forms are to be returned to the Union Representative showing the proposed disposition of the grievance. One copy will be returned to the Company showing the proposed disposition of the grievance, i.e. accepted, rejected or appealed. Each representative of the parties will forward one copy to the next higher level of organization as appropriate.

At the third step each party will furnish one copy of the grievance form for entry of proposed disposition and the Union's acceptance, rejection or appeal.

The position of each party at 3rd Step will be indicated on lines 16 and 17 prior to forwarding to the 4th Step or Arbitration.