



*Working for you!*

# Illinois Federation of Public Employees

## Local 4408, IFT~AFT/AFL/CIO

### Grievance Form

GRIEVANT NAME		POSITION TITLE	AGENCY	IFPE GRIEVANCE #
WORK ADDRESS				
SUBJECT:				
Statement of Grievance and Relief Requested (including citation of alleged Contract Violation and corresponding Article)				
<b>S T E P  1</b>	Date Submitted:	<b>We the undersigned have discussed this matter orally and have not resolved the grievance.</b>		
	Date of Response:			
	Supervisor's Signature:		IFPE Representative Signature:	
<b>S T E P  2</b>	Date Submitted:	<b>Response of Agency Head or designee :</b>		
	Date of Response:			
	Grievant Response: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected			
	Agency Head Signature:		IFPE Representative Signature:	
<b>S T E P  3</b>	<b>Please check the box below that applies:</b>			
	<input type="checkbox"/> The Step 2 response is found to be unsatisfactory and therefore IFPE Local 4408 request that this grievance be appealed to Step 3 of the grievance process, the Director of CMS or his/her designee.  <input type="checkbox"/> IFPE Local 4408 has received no response from the Agency Head or designee and therefore request that this grievance be appealed to Step 3 of the grievance process, the Director of CMS or his/her designee.			
	IFPE Representative			Date