PENNSYLVANIA STATE CORRECTIONS OFFICERS ASSOCIATION

GRIEVANCE REPORT

(Type or print information, filling in all blanks.)

Region _____ PSCOA Local _____ Grievance No.

Grievant (s) _____ Employee No. _____

Employer Commonwealth of Pennsylvania

Department _____ Job Title _____

Immediate Supervisor _____ Work Location _____

Work No. _____ Shift _____

Article (s) and Section (s) Violated

_____

_____

_____

Statement by Grievant or Union

(Provide a Short Description of the Violation)

☐ Check this box if applicable. This grievance alleges an ongoing violation of the contract. As a consequence, the Union demands payment for all further violations until compliance is achieved.

Steward and/or Employee Signature Date Management and/or Human Resources Signature Date