



# Local 4603 Grievance Settlement

**Grievance Number:** \_\_\_\_\_

**Grievant:** \_\_\_\_\_

**Subject:** \_\_\_\_\_

**Step:** \_\_\_\_\_

**Date Settled:** \_\_\_\_\_

**Company Representative Making Settlement:**

\_\_\_\_\_

**Settlement:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Union Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date

Signature of CWA Representative

Title