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**Kaiser Permanente**

**Second Step Grievance Request Form**

**Date:** Click here to enter a date.

**To:** Click here to enter text.

**From:** Click here to enter text.

The Union is requesting a Second Step Grievance meeting on behalf of employee:

**Name:** Click here to enter text.

**Facility/Center:** Click here to enter text.

**Department:** Click here to enter text.

**Job Classification:** Click here to enter text.

First Step Grievance was filed: Click here to enter a date.

The meeting was held: Click here to enter a date.

**- or -**

The meeting was not held. OPEIU Local 2 is requesting to move to the Second Step.

*Please contact Sarah Levesque at slevesque@opeiu-local2.org or (240) 381-5045 to schedule the Second Step meeting date, time and location.*

cc: Sarah Levesque, Staff Representative, OPEIU Local 2\*

Name of grievant

Name of Head Steward

Attachment(s):

1. Title of document

2. Title of document

3. Title of document

4. Title of document

***\*****All First Step hearing notes must be attached to the copy given to Sarah Levesque* ***only****.*