

STEP 3 GRIEVANCE DISPOSITION

Final

Grievance No. : 4-T-42 & 4-T-76

Review Hearing Date: 12-23-96

Oral No. : 94a-91-013 & 94a-91-013

Grievant(s): Group

Department: No. 4 B.O.F.A.C.C.

**NO AWARD
ISSUED
- 914 -**

Present at Review Hearing

For the Union

For the Company

M. Mene

P. Parker

Brief Description of Issue:

Grievants contend Company is in violation in reducing crew size on normal operating turns.
(3 crew to 2 men)

Disposition:

- Granted by the Company _____
- Partially Granted by the Company X
- Withdrawn by Union _____
- Other (reword, etc. - specify) _____

Basis of Settlement:

See Wage Payment Adjustment No. 96-04-07.

The foregoing disposition shall not constitute a precedent and shall not be relied upon or cited by either party in any other situation.

For the Union

For the Company

[Signature]
Union Step 3 Representative

[Signature]
Company Step 3 Representative

cc: Operating Department
Union Step 3 Representative
Records Secretary, Grievance Committee
H.R. Generalist

Post-It® Fax Note	7871	Date	1/22/97	# of pages	1
To	ANGIE	From	ROBERTA		
Co./Dept.		City			
Phone #		Phone #			
Fax #		Fax #			

WAGE PAYMENT ADJUSTMENT

FILE NO. 96-04-07
 DATE: 8/27/96

EMPLOYEE: Pit Sequence Employees PAYROLL NO.: Various DEPARTMENT: #4 BOF / #15C

PLEASE ADVISE A WAGE PAYMENT ADJUSTMENT, LESS S.U.S. AND U.C. BENEFITS RECEIVED, FOR THE ABOVE MENTIONED EMPLOYEE PAYMENT TO THE SETTLEMENT OF:

ORAL COMPLAINT, I.D. NO. _____ (DISPOSITION DATE: _____)

STEP: PRE STEP I I I 1/2 II

REFERENCE NO. 47-76 (DISPOSITION DATE: 8/12/96)

STEP II 1/2 STEP III STEP III 1/2 STEP IV

EXPECTED ARBITRATION AWARD NO. _____

Arbitration held but result prior to award

ARBITRATION AWARD NO. _____ (TERMS OF SETTLEMENT PROVIDED ON ATTACHMENT)

TERMS OF SETTLEMENT
(CHECK ACTION REQUIRED)

PAY THIS AMOUNT AS SETTLEMENT: \$ 40,000.00

The \$40,000.00 settlement will be divided equally between the employees stipulated on the back of this check.

COMPUTE SETTLEMENT AMOUNT BASED ON THE FOLLOWING INFORMATION:

TIME PERIOD	TIME	HOURS	POSITION NO.	
			WAS PAID	SHOULD BE PAID

UNION RELATIONS
 RECEIVED
 SEP 10 1996
 780112123456

QUALIFIED FOR: _____

HOLIDAY PAY REPORTING PAY PENALTY TIME

UNPAID HOLIDAY PAY SUNDAY PAYMENT PROFIT SHARING _____ YEAR

APPROVED: C.L. Cox (214) DEPARTMENT MANAGER/DIRECTOR Roger Hyman DEPARTMENT CONTACT 3313/5663 RETURNED

AMOUNT AND DATE OF PAYMENT

PAY PERIOD ENDING: 8/31/96 PAYABLE ON: 9/9/96 AMOUNT: 39,999.96

QUESTIONS SHOULD BE DIRECTED TO: EXTENSION 1600 PREPARED BY: Beth Zernick WAGE PAYROLL