

BENCH DECISION AND AWARD

☞ **NTA**

ARBITRATOR:

HEARING DATE:

GRIEVANT:

GRIEVANCE #:

DEPARTMENT:

UNION:

MANAGEMENT
ADVOCATE:

UNION
ADVOCATE:

ISSUE

AWARD

ISSUED AT:
DATE:

ARBITRATOR'S
SIGNATURE:

FOR DENIED WORKING SUSPENSIONS – Grievant's
Choice Fine _____ **OR** Leave Reduction (pick one)
Vacation _____ Personal _____ Comp Time _____ .

Grievant's
Signature: _____