

TRANSPORT WORKERS UNION - LOCAL 250-A

REBUTTAL FORM

Employee's Name _____ Date _____

Classification _____ Cap No. _____ or _____ Badge No. _____ Division _____

NATURE OF Rebuttal _____

RULE VIOLATION: _____

SETTLEMENT DESIRED: _____

(Signature of Employee)

(Signature of Representative)

MANAGEMENT'S REPLY: _____

(Date)

(Signature of Management Rep.)

(Title)