

**Grievance Form**  
**Engineering Association, Inc.**

Name and SSN Engineering Association, IFPTE Local 1937		TVA Address MS 34-K	COMTRAC No.
Home Address		TVA Phone (865) 632-2489	Home Phone
Classification	Group/Operations	Division/Department/Plant	
Date of Action or Proposed Action Being Grievied <i>(If Applicable)</i> November 1, 2010	Date of Discussion With Responsible Supervisor October 28, 2010	Section	
Name of Immediate Supervisor	Name of Responsible Supervisor Kelly Lawson	Designated Union Representative Gay Henson	

**ISSUED INVOLVED** (Should include specific contract provision or TVA policy you believe was misapplied. For nonselection grievances, should also include VPA #, selectee(s) if known, and advertising organization.)

Violation of S-15 wherein TVA bypassed the Joint Health Care Committee functions and responsibilities as well as subsequent negotiations on the matter as required in S-15.

**ACTION OR RELIEF REQUESTED**

Cease and desist benefit plan changes. Follow all applicable provisions of the Collective Bargaining Agreement by first convening the EA Joint Health Care Committee.

  
 Employee Signature

October 29, 2010  
 Date Grievance Filed

\_\_\_\_\_  
 Manager Signature - Receipt of Form

\_\_\_\_\_  
 Date Form Received

**SUPERVISOR RESPONSE**

I have discussed the above issue with the employee and decided: *(Not required in selection, suspension, or termination issues)*

that no adjustment is justified.       to make the following adjustment:

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Responsible Supervisor Signature and Title

\_\_\_\_\_  
 Date of Decision

**Distribution:**

Human Resource Manager       Labor Relations, ET 6D-K       EA, MS 34-K       Aggrieved Employee

**ORGANIZATION RESPONSE**

Date Form Received

I have considered the above matter and decided to:

uphold responsible supervisor's decision.       reverse responsible supervisor's decision.       modify responsible supervisor's decision as follows:

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Operations Vice President/Designated Representative

\_\_\_\_\_  
 Date of Decision

**Distribution:**

Responsible Supervisor       Human Resource Manager       Labor Relations, ET 6D-K       EA, MS 34-K       Aggrieved Employee

**THIS FORM IS FOR INTERNAL TVA/UNION USE AND DOES NOT LIMIT EITHER PARTY ON ISSUES OR RELIEF**