



## AFSCME Council 5 Grievance Waiver Form

Name of issue in dispute (i.e. discipline, language, etc):

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I (grievant name) \_\_\_\_\_ hereby waive my rights to pursue a grievance under my collective bargaining agreement.

\_\_\_\_\_  
Signature of Grievant

\_\_\_\_\_  
Date

We (local name and number) \_\_\_\_\_  
do not wish to pursue a grievance in the above matter.

\_\_\_\_\_  
Signature of Local Leader/Steward

\_\_\_\_\_  
Date

*Please provide a copy of this grievance waiver form to your local Field Representative.*