

# Hurricane Katrina ADMINISTRATIVE DISPUTE RESOLUTION PROCESS

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ PHONE # \_\_\_\_\_

CRAFT: \_\_\_\_\_

SENIORITY DATE: \_\_\_\_\_

FULL-TIME REGULAR     PART-TIME FLEXIBLE     PART-TIME REGULAR

DATE OF DISPUTE: \_\_\_\_\_

CONTRACT/MOU REF: \_\_\_\_\_

Detail Facts of Dispute: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested Resolution: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Settled: \_\_\_\_\_ Appealed: \_\_\_\_\_

Final Disposition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Union Representative's Signature

\_\_\_\_\_  
Management Representative's Signature