

Group Grievance-Individual Grievance Waiver

MOU: \_\_\_\_\_

This form serves to verify that I have a dispute with the same facts and issues as another grievance currently under consideration.

In accordance with the PROCEDURE FOR GRIEVANCES AFFECTING A GROUP OF EMPLOYEES, I hereby waive my right to file an individual grievance in this matter.

My signature below indicates my understanding of the conditions described herein and confirms my recognition that I am party to the grievance filed by AFSCME LOCAL 2626 on \_\_\_\_\_, pertaining to the following issue(s): See attached Grievance Initiation Form.

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(Print First Name, Last Name)

\_\_\_\_\_  
(Classification Title)

\_\_\_\_\_  
(Signature)

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(Date)

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