

TWU System Review Panels:
Crew Chief, Medical Disqualification, Injury-On-Duty
Sick Leave Harassment &
Part Time or Cross-Utilization

*Please fill in appropriate information

Name of Grievant _____ Station _____ Local _____

Panel: _____ Date Submitted to the International: _____

Documents Supporting Grievant's case: (Please check appropriate blocks below)
Important: Please submit this information for case presentation.

Doctor's Statement _____ Witness Statement _____ IOD Report _____

C21 _____ C23 _____ Medical Diagnosis & Prognosis _____

Length of Disability Leave (If Applicable) Years _____ Month _____

If IOD Claim: Workdays Lost _____

Detail Problem,
Describe
Grievance _____

Report Submitted by: _____

Union Position _____ Date: _____

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FOR OFFICE USE ONLY:

Case Number: _____ Date Submitted to American _____

Other: _____
