

**AMERICAN FEDERATION OF STATE, COUNTY & MUNICIPAL EMPLOYEES
AFSCME LOCAL 1554**

ELECTION OF REMEDY FORM

Grievance No. (if applicable) _____

This form must be completed and signed prior to the second step of the grievance procedure, or at the time when appeal to Personnel Board is filed.

Employee must elect, sign, and date only one of the two following choices:

1. _____ I/We elect to utilize the Grievance Procedure contained in the current Contract between the City of Miami Beach, Florida, and AFSCME Local 1554.

Signature

Date

2. _____ I/We elect to utilize another forum for my/our grievance, and in doing so, I/we permanently waive my/our contractual right to the Grievance Procedure contained in the current Labor Contract between the City of Miami Beach, Florida, and AFSCME Local 1554.

Signature

Date

If Number 1 is elected, sign if you wish to authorize the following:

I/We hereby authorize AFSCME Local 1554 to process the attached grievance on my/our behalf.

Signature

Date