



Professional Airline Flight Control Association
American Airlines Local
P.O. Box 155428
Fort Worth, TX 76155

Grievance No: _____

STATEMENT OF GRIEVANCE

Name of Employee: _____ Employee No: _____

EMPLOYEE'S STATEMENT:

I authorize the Professional Airline Flight Control Association – American Airlines Local (PAFCA-AAL) as my representative to act for me in the disposition of this grievance.

Signature of Employee: _____ Date: _____

Signature of PAFCA-AAL Representative: _____ Title: _____

Management Representative Presented to: _____ Date: _____