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THIS SPACE FOR CWA STAFF OFFICE USE ONLY

Record of Grievance between. Communications Workers of America and

AUG 30 1993

Form 903A Form 9-87

- Bellsouth Advanced Systems
Bellsouth Advertising and Publishing
Bellsouth Services
South Central Bell
Southern Bell

91-136

Grievance Number
To be assigned by CWA State Office

Form with 15 numbered sections: 1. Grievance Occurred, 2. Originating Employee, 3. Union's Statement, 4. Specific Basis of Grievance, 5. Date Grievance Filed, 6. Company's Statement, 7. Proposed Disposition - Second Level, 8. Accepted/Rejected/Appealed, 9. True Intent Question, 10. Authorization to Inspect Personnel Record, 11. Union Final Requested Meeting, 12. Proposed Disposition - Third Level, 13. Accepted/Rejected/Arbitration Requested, 14. Proposed Disposition - Fourth Level, 15. Accepted/Rejected/Arbitration Requested.

PREPARE 6 COPIES

DOCUMENT NUMBER - DATE
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FPSC-RECORDS/REPORTING

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THIS SPACE FOR  
CWA STAFF OFFICE  
USE ONLY

RECEIVED \_\_\_\_\_

CARD \_\_\_\_\_

FINAL DISPOSITION \_\_\_\_\_

COPIES \_\_\_\_\_

**Record of Grievance between  
Communications Workers of America and**

- Bellsouth Advanced Systems
- Bellsouth Advertising and Publishing
- Bellsouth Services
- South Central Bell 91-135
- Southern Bell

AUG 29 1991

Grievance Number
To be assigned by CWA State Office

1. Grievance Occurred	Date	6-3-91	Specific Location & Area	444 N.W. 79 Ave.	Grievance Number
	Department	Network	*This involved if Applicable	Network Assist.	
2. Grieving Employee Or Work Group Involved	Name of Employee or Work Group				Department
	Address				Network
	Job Title	Network Assist.	RRR and	N/A	Seniority Date
3. Union's Statement of What Happened	TERMINATION ALLOWANCES.				
4. Specific Basis of Grievance or Section of Contract Involved	ART. 8, and other applicable sections, the true intent and meaning of each, and the failure of the Company to perform its obligations thereunder.				
5. Date Grievance Filed	7-22-91	Originated by	Jim Barrett		Date 7-22-91
6. Company's Statement of What Happened	The employee abandoned his job and is not entitled to termination pay.				
7. Proposed Disposition - Second Level	Dismiss the grievance.				
8. <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input checked="" type="checkbox"/> Reopened	Signed: _____				Date 08-16-91
	Company Representative				
9. True Intent Question (Circle) <input type="checkbox"/> Yes <input type="checkbox"/> No	Signed: _____				Date 8/2/91
	Union Representative				
10. Authorization to Inspect Personnel Record	Furnished By	Received By	Y1, Union First Organized Meeting - Second Level		
	Union Representative	Company Representative			
11. Proposed Disposition - Third Level					
12. <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Arbitration Requested (See Lines 16 & 17)	Signed: _____				Date
	Union Representative				
13. Proposed Disposition - Fourth Level					
14. <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Arbitration Requested	Signed: _____				Date
	Union Representative				

8/29/91 to file to Bell  
J. Barrett

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THIS SPACE FOR  
CWA STAFF OFFICE  
USE ONLY.

RECEIVED \_\_\_\_\_  
 CARD \_\_\_\_\_  
 FINAL DISPOSITION \_\_\_\_\_  
 OTHER \_\_\_\_\_

Record of Grievance between  
 Communications Workers of America and

- BellSouth Advanced Systems
- BellSouth Advertising and Publishing
- BellSouth Services
- South Central Bell 91-134
- Southern Bell

AUG 29 1991

Form 203A  
Rev. 6-87

Grievance Number \_\_\_\_\_  
 To be assigned by  
 CWA Staff Office

1. Grievance Occurred  
 Date: 6-3-91  
 Specific Location & State: 610 N.W. 79 Ave.  
 Department: NETWORK  
 Title Involved if Applicable: NETWORK MANAGER

2. Grieving Employee Or Work Group Involved  
 Name of Employee or Work Group: NETWORK MANAGER  
 Address: \_\_\_\_\_  
 Job Title: NETWORK MANAGER  
 Local No.: 1153  
 Department: NETWORK  
 Seniority Date: 7-7-83

3. Union's Statement of What Happened  
 NETWORK MANAGER.

4. Specific Basis of Grievance or Section of Contract Involved  
 and other applicable sections, the true intent and meaning of each and the failure of the Company to perform its obligations thereunder.

5. Date Grievance Filed: 7-22-91  
 Originated by: Union Representative Jim Barnett  
 Date: 7-22-91

6. Company's Statement of What Happened  
 The employee was terminated for abandonment of his job.

7. Proposed Disposition - Second Level  
 Dismiss the grievance.  
 Signed: E. G. Colvert  
 Company Representative  
 Date: 08-16-91

8.  Accepted  Rejected  Arbitration Requested  
 Signed: Union Representative Jim Barnett  
 Date: 8/29/91

9. True Intent Question:  Yes  No  
 Signed: \_\_\_\_\_  
 Union Representative  
 Date: \_\_\_\_\_

10. Authorization to Inspect Personnel Record  
 Furnished By: Union Representative  
 Received By: Company Representative  
 Date: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Yr. Union First Requested Meeting - Second Level: \_\_\_\_\_  
 Date: \_\_\_\_\_

11. Proposed Disposition - Third Level  
 Signed: \_\_\_\_\_  
 Company Representative  
 Date: \_\_\_\_\_

12.  Accepted  Appealed to 4th level (CCR, SR only) (Applicable to contract interpretation only)  
 Rejected  Arbitration Requested (See Lines 16 & 17)  
 Signed: \_\_\_\_\_  
 Union Representative  
 Date: \_\_\_\_\_

13. Proposed Disposition - Fourth Level  
 Signed: \_\_\_\_\_  
 Company Representative  
 Date: \_\_\_\_\_

14.  Accepted  Rejected  Arbitration Requested  
 Signed: \_\_\_\_\_  
 Union Representative  
 Date: \_\_\_\_\_

8/29/91 cc per R. Cobb  
J. R. Harris

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R



**Personnel Record  
Current Entry Sheet**

**B**

1  
2

3

Employee's Name \_\_\_\_\_ Title Facility Technician  
 Department Network Location 8101 N. W. 90th Street

Date	Held By	Content Of Interview
10-23-90	ERR <i>RM</i>	As of 10-23-90 employee was advised by Bob Race and Gloria
		Marten of Personnel that the medical findings from our Medical
		Department were as follows:
		1. Avoid climbing
		2. Avoid squatting
		3. Avoid heavy lifting

*RM*

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X96-R

Form 101-0  
Front (4-81)



### Personnel Record Performance Evaluation

C

Employee's Name	Facility Technician	Title	Facility Technician
Department	Network	Location	8101 N. W. 50th Street
Seniority Date	04-07-69	Date Evaluation Made	12-4-90
			Date Discussed With Employee <input type="checkbox"/>

• Job Duties During Period Of Review (Excluding Differential Work) Clearing cable troubles and other associated work.

• Quality Of Work

1 How Good?

*N/R Benefits*

2. On What Basis? Monthly Quality Inspections made for a period of 12 months.

• Quantity Of Work

1 How Good?

*N/R Benefits*

2. On What Basis? Number of jobs completed per month.

Evaluating Supervisor's Signature	Title	Date
<i>[Signature]</i>	Assistant Manager	12/4/90
Countering Supervisor's Signature	Title	Date
<i>[Signature]</i>	Manager-OECC	1/29/91

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.

Note 2: Use Reverse Side For Statement And/Or Evaluation Of Relief Assignment.

Note 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Alerts That The Employee Has Been Advised That The Completed Form Is Being Placed In His Personnel Record.

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2 4 3 4 F 0 5

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9 0 0 0 0 0 0 0 0 0

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350-2  
Front (4-61)



Southern Bell

Personnel Record  
Performance Evaluation

C

Employee's Name		Title	
Department		Location	
Seniority Date		Date Evaluation Made	
Date Discussed With Employee			

FAC.      TECHNICIAN  
 NETWORK/CONSTRUCTION      8101 N. W. POST  
 4-7-67      2-14-90      E.A. 2/15/90

Job Duties During Period Of Review (Excluding Differential Work)

ALL PHASES OF OUTSIDE PLANT CONSTRUCTION AND CABLE MAINTENANCE

Quality Of Work

1 How Good? *More than Satisfactory*

2. On What Basis? BY QUALITY INSPECTIONS MADE ON IN PROGRESS AND COMPLETED WORK OPERATIONS UNDER THE OUTSIDE PLANT QUALITY REVIEW PLAN.

DEFECTS	UNITS	RATING
0	48	100

Quantity Of Work

1 How Good? *Satisfactory*

2. On What Basis? DURING PERIOD OF REVIEW (2WOS) JOB MANAGEMENT OPERATION SYSTEM WAS IMPLEMENTED. EVALUATIONS WERE DETERMINED BY SUPERVISOR'S PERSONAL OBSERVATIONS.

Evaluating Supervisor's Signature	Title	Date
<i>Robert W. [Signature]</i>	ASST. MGR. CONST/MICE.	2-16-90
Concurring Supervisor's Signature	Title	Date
<i>[Signature]</i>	MANAGER CONST/MICE.	2-26-90

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.

Note 2: Use Reverse Side For Comments In This

If Retail Arrangements

Used With Employees' Attests That The Employee Has Been Advised

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038262

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X96-X

Form 3181-C  
Front (4-81)



### Personnel Record Performance Evaluation

C

Employee's Name		Title
Department		Location
Seniority Date	Date Evaluation Made	Date Discussed With Employee

*F.T.*  
*Network*  
*8101 NW 90 ST*  
*4-7-69*  
*1-17-87*

• Job Duties During Period Of Review (Excluding Differential Work) ALL PHASES OF OUTSIDE PLANT CABLE CONSTRUCTION AND CABLE MAINTENANCE WORK

• Quality Of Work

1 How Good?

*Satisfactory*

2. On What Basis? BY QUALITY INSPECTIONS MADE ON IN-PROGRESS AND COMPLETED WORK

OPERATIONS UNDER THE OUTSIDE PLANT QUALITY REVIEW PLAN.

MONTH: JAN-DEC-1987

CUMULATIVE APPRAISAL

UNITS:

62.0

DEFECTS:

3.0

% DEFECTS:

95.2

• Quantity Of Work

1 How Good?

*Satisfactory*

2. On What Basis? BY PERSONAL OBSERVATION AND USE OF CGLAS REPORT #40.

MONTH:

CUMULATIVE APPRAISAL

% UNDER/OVER

STANDARD:

CUMULATIVE %

UNDER/OVER STD:

-6.9

Evaluating Supervisor's Signature	Title	Date
Concurring Supervisor's Signature	Title	Date

*Robert [Signature]*  
*[Signature]*  
*ASSISTANT MANAGER*  
*MANAGER - OPEC*  
*1-17-87*  
*1-17-87*

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Inefficient" Under All Items.

Note 2: Use Reverse Side For Step

Note 3: A Checkmark In This Block That The Completed Form.

F03B26Z 0000011

Not Assignments

With Employee's Appraisals That The Employee Has Been Advised

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X96-B

Form 3181-C  
Front (4-81)



Southern Bell

Personnel Record  
Performance Evaluation

C

Employee's Name		Title F.T.	
Department Network		Location 8101 New 90 <sup>5r</sup>	
Seniority Date 4-7-69	Date Evaluation Made 1-88	Date Discussed With Employee 1-22-88 <input checked="" type="checkbox"/> S.H.	

• Job Duties During Period Of Review (Excluding Differential Work) ALL PHASES OF OUTSIDE PLANT CABLE CONSTRUCTION AND CABLE MAINTENANCE WORK

• Quality Of Work

1 How Good? Satisfactory

2. On What Basis? BY QUALITY INSPECTIONS MADE ON IN-PROGRESS AND COMPLETED WORK OPERATIONS UNDER THE OUTSIDE PLANT QUALITY REVIEW PLAN.

MONTH:	JULY	AUG	SEPT	OCT	NOV	DEC	CUMULATIVE APPRAISAL
UNITS:	0	8	6	0	6	3	23
DEFECTS:	0	1	0	0	0	2	3
% DEFECTS:		87%	100%	100%	100%	93%	85%

• Quantity Of Work

1 How Good? Satisfactory

2. On What Basis? BY PERSONAL OBSERVATION AND USE OF CYLAS REPORT #40.

MONTH:	JULY	AUG	SEPT	OCT	NOV	DEC	CUMULATIVE APPRAISAL
% UNDER/OVER STANDARD:	39.2	76.1	41.9	7.4	8.0	30.6	
CUMULATIVE % UNDER/OVER STD:	39.2	57.7	44.2	38.1	29.2	27.4	29.4%

Evaluating Supervisor's Signature <i>Phil Wells</i>	Title ASSISTANT MANAGER	Date 1-19-88
Concurring Supervisor's Signature <i>J. G. Seal</i>	Title MANAGER - CPCC	Date 01-19-88

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.

Note 2: Use Reverse Side For Statement And/or Evaluation On Detail Assignments.

Note 3: A Checkmark In The Block With Employees' Attests That The Employee Has Been Advised That The Completed Form Is On File In The Personnel Record.

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X98-R

ATTACHMENT 2

Form (2-81)



Southern Bell

Personnel Record  
Performance Evaluation

C

Employee's Name		Title	
Department		Location	
Seniority Date		Date Discussed With Employee	

Title: E.T.  
 Department: Dist. Location: 8101 NW 90 St  
 Seniority Date: 4-7-69 Date Evaluation Made: 7-87 Date Discussed With Employee: 08-03-87

• Job Duties During Period Of Review (Excluding Differential Work) ALL PHASES OF OUTSIDE PLANT CABLE CONSTRUCTION AND CABLE MAINTENANCE

• Quality Of Work

1 How Good? Satisfactory

2. On What Basis? BY QUALITY INSPECTIONS MADE ON IN-PROGRESS AND COMPLETED WORK OPERATIONS UNDER THE OUTSIDE PLANT QUALITY REVIEW PLAN.

MONTH:	JAN	FEB	MAR	APR	MAY	JUNE	CUMULATIVE APPRAISAL
UNITS:							
DEFECTS:							

• Quantity Of Work

1 How Good? Satisfactory

2. On What Basis? BY PERSONAL OBSERVATION AND USE OF CILAS REPORT #40.

MONTH:	JAN	FEB	MAR	APR	MAY	JUNE	CUMULATIVE APPRAISAL
% UNDER/OVER STANDARD:	<u>20.6</u>	<u>-7.3</u>	<u>42.8</u>	<u>32.9</u>	<u>14.1</u>	<u>7.9</u>	
CUMULATIVE % UNDER/OVER STD:	<u>20.6</u>	<u>5.0</u>	<u>14.0</u>		<u>17.8</u>	<u>16.1</u>	

Evaluating Supervisor's Signature	Title	Date
<u>Robert Wells</u>	<u>ASSISTANT MANAGER</u>	<u>7-31-87</u>
Consulting Supervisor's Signature	Title	Date
<u>[Signature]</u>	<u>MANAGER - CIRC</u>	<u>7-31-87</u>

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time. Write "Insufficient" Underal Date.  
 Note 2: Use Reverse Side For Statement And/Or Qualification Of Rating Assignments.  
 Note 3: A Checkmark In The Blank Adjacent To "Date Discussed With Employee" Attests That The Employee Has Been Advised

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X56-X  
Form 3181-C  
Front (4-91)



Southern Bell

Personnel Record  
Performance Evaluation

C

Employee's No.	Title
Department	Location
Seniority Date	Date Evaluation Made
	Date Discussed With Employee

Title: CA. REPAIR TECH.  
 Department: NETWORK Location: 8101 NW 90 ST.  
 Date Evaluation Made: 7-1-86 13-51-86 Date Discussed With Employee: 2-5-87

• Job Duties During Period Of Review (Excluding Differential Work) ALL PHASES OF OUTSIDE PLANT CABLE CONSTRUCTION WORK.

• Quality Of Work  
1 How Good? SATISFACTORY

2. On What Basis? BY QUALITY INSPECTIONS MADE ON IN-PROGRESS AND COMPLETED WORK OPERATIONS UNDER THE OUTSIDE PLANT QUALITY REVIEW PLAN.

MONTH:	JULY	AUG	SEPT	OCT	NOV	DEC	CUMULATIVE APPRAISAL
UNITS:	21	3	16	6	0	15	
DEFECTS:	11	0	4	1	0	6	
DEFECTS:	.62	0	.25	.16	.0	.25	.58

• Quality Of Work  
1 How Good? SATISFACTORY

2. On What Basis? BY PERSONAL OBSERVATION AND USE OF CMAS REPORT #40.

MONTH:	JULY	AUG	SEPT	OCT	NOV	DEC	CUMULATIVE APPRAISAL
UNDER/OVER STANDARD:	15.7	42	19.7	78.3	23	16.6	
CUMULATIVE UNDER/OVER STD:	15.7	33.2	21.6	32	29.8	26.9	26.9

Evaluating Supervisor's Signature <i>Richard A. Mackintosh</i>	Title ASST. MGR. - CN.	Date 1-31-87
Concerning Supervisor's Signature <i>O. Scher</i>	Title MANAGER - CONSTRUCTION	Date 2-2-87

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.  
 Note 2: Use Reverse Side For Statement And/Or Evaluation Of Recall Assignments.  
 Note 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Attests That The Employee Has Been Advised That The Completed Form Is Being Placed In His Personnel Record.

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Form 3181-C  
Front (4-81)



Southern Bell

Personnel Record  
Performance Evaluation

C

Employee's Name		Title	
Distribution		Cable Repair Technician	
Department		Location	
4-7-69		Blot Hill Road	
Seniority Date	Date Evaluation Made	Date Discussed With Employee	
4-7-69	7-31-86	<input type="checkbox"/> 8-8-86	

• Job Duties During Period Of Review (Excluding Differential Work) All Cable Repair Functions

• Quality Of Work

1 How Good?

Satisfactory

2 On What Basis?

20 Quality inspections between January 1 and June 30, 1986 with an average of 1.75 defects per inspection  
more than satisfactory 40 or less  
or satisfactory 61 - 2.25  
less than satisfactory 276 or more

• Quantity Of Work

1 How Good?

Satisfactory

2 On What Basis?

Personal Observations

Evaluating Supervisor's Signature	Title	Date
<i>[Signature]</i>	Assistant Manager	7-31-86
Concurring Supervisor's Signature	Title	Date
<i>[Signature]</i>	Manager	7-31-86

- Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.
- Note 2: Use Reverse Side For Statement And/Or Evaluation Of Relief Assignments.
- Note 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Attests That The Employee Has Been Advised That The Completed Form Is Being Placed In His Personnel Record.

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Form 3181-L  
Front (4-87)



Personnel Record  
Performance Evaluation

C

Employee's Name		Title	
Distribution		Cable Repair Technician	
Department		Location	
4-7-69		8101 NW 90ST	
Seniority Date	Date Evaluation Made	Date Discussed With Employee	
4-7-69	4-8-86	4-10-86 <input checked="" type="checkbox"/>	

• Job Duties During Period Of Review (Excluding Differential Work)

All Cable Repair Functions

• Quality Of Work

1 How Good? Satisfactory

2. On What Basis? Employee averaged 1.90 defects per insertion from July 1 thru December 31, 1985

More than Satisfactory 1.75 or less

Satisfactory 1.75 - 2.25

Less than Satisfactory 2.26 or more

• Quantity Of Work

1 How Good? Satisfactory

2. On What Basis? Employee averaged 1.71 troubles per 8 hour day from July 1 thru December 31, 1985

More than Satisfactory 1.86 or more

Satisfactory 1.85 - 1.95

Less than Satisfactory 1.99 or less

Evaluating Supervisor's Signature	Title	Date
<i>[Signature]</i>	Assistant Manager	4-9-86
Concurring Supervisor's Signature	Title	Date
<i>[Signature]</i>	Manager	4-9-86

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.

Note 2: Use Reverse Side For Statement And/OR Evaluation Of Rural Assignments.

Note 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Attests That The Employee Has Been Advised That The Completed Form Is Being Placed In His Personnel Record.

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