

**Step I / Informal A Payment Processing Request**  
(If a written settlement is reached, a copy must be attached to this request)  
**Please Print ALL Information**

Today's Date \_\_\_\_\_

Date of Alleged Violation \_\_\_\_\_

Employee Name \_\_\_\_\_ Class Action \_\_\_\_\_

Management Rep Name \_\_\_\_\_

Union Rep Name \_\_\_\_\_

Step I Informal A Meeting Date \_\_\_\_\_

Settlement Date \_\_\_\_\_

Issue Code/Reason for Payment \_\_\_\_\_

**Lump Sum Dollar Amount to be Paid** \_\_\_\_\_

**NOTE: For Class Action grievance settlements, include SSN or EIN for each employee to be paid and the dollar amount to be paid to each employee on an attached sheet.**

\_\_\_ Check if you request verification that payment was processed.

Requester's signature \_\_\_\_\_

.....  
Below for GATS Designee Use Only

Received Date \_\_\_\_\_

Processed Date \_\_\_\_\_

Adjustment Number \_\_\_\_\_

**THIS FORM AS WELL AS ANY SUPPORTING DOCUMENTATION MUST BE MAINTAINED LOCALLY FOR FIVE (5) YEARS FOR AUDIT PURPOSES. This form is to be utilized by management solely as a tool to assist in the documentation an analysis of payment requests.**