

CANADIAN UNION OF PUBLIC EMPLOYEES

GRIEVANCE FORM

(To be completed in triplicate)

Case No.	Local No.
Employer	
Employee	
Department	Classification
Supervisor	Employee #
	Seniority date
TO:	Phone # (H) (W)
Grievance Level 1 2 3	Other Address
I/We the undersigned claim that	
Therefore I/We request that	
Signature of employee(s) and/or union officer	
Grievor	Date
Union Officer	Date
L6 – February 1998	(over)

DISPOSITION OF GRIEVANCE

Date of settlement	In favour of employee:		
		(Yes)	(No)
Particulars of disposition of grievance (describe carefully and ind closed):	icate at what step or stage o	f grievance procedure	e case was finally
Signature of supervisor or other representative of the employer	Signature of shop steward	or other union office	r