**CANADIAN UNION OF PUBLIC EMPLOYEES**

GRIEVANCE FORM

 

Case No. Local No.: **\_\_\_\_\_\_1974\_\_\_\_\_\_\_\_\_**

Employer **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Kingston General Hospital\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Employee

Department  Classification

Supervisor  Employee #

Seniority date

TO: Phone #

(H) (W)

Grievance Level 1 2 3 Other

Address

I/we the undersigned claim:

Therefore I/we request:

Signature of Employee(s) and/or Union Officer

Grievor Date

Union officer Date

**over**

L6- Sept 2007

**DISPOSITION OF GRIEVANCE**

Date of Settlement In favour of Employee?

(Yes) (No)

Particulars of disposition of grievance (describe carefully and indicate at what Step or Stage of Grievance Procedure case was finally closed.)

Signature of Employer Signature of Shop Steward

Representative or other Union Officer

Date

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