



**HELPFUL
LANGUAGE
FOR
FILING
GRIEVANCES**

October 2008

COPE 491:ml

HELPFUL LANGUAGE FOR FILING GRIEVANCES

Many grievances are won and lost on the “wording” used when filing the grievance form. To maximize the chances of a grievance being successful and to minimize the chance of making a mistake that turns a winning grievance into a losing one, we need to be clear on what we are grieving and the redress we are seeking.

In this package, you will find helpful hints for wording to use when filing a grievance.

Please take the time to learn how your grievance procedure works and become knowledgeable of your Collective Agreement

NOTE: You must always submit a *grievance fact sheet* along with your grievance to your Union Representative. Do not attach the fact sheet on the employer’s copy.

Always identify the Articles of the Collective Agreement that you believe the Employer has violated and clearly identify which redress you are seeking.

Remember – if you don’t ask for it, chances are you are NOT going to get it.

TABLE OF CONTENTS

Alternate Rate / Superior Duties.....	1
Benefits.....	2
Benefit Enrolment.....	3
Discrimination.....	4
Dismissal/Discharge.....	5
Duty to Accommodate.....	6
Harassment & Discrimination.....	7
Improper Layoff.....	8
Overtime.....	9
Promotions.....	10
Scheduling.....	11
Suspension.....	12
Union Representation.....	13
Unjust Letter.....	14
Unjust Policy.....	15
Vacation Pay / Entitlement.....	16
Violation of Collective Agreement.....	17
Wages.....	18



GRIEVANCE FORM

(To be completed in triplicate)



CUPE LOCAL _____

Local Address
City, Province
Telephone:

PLEASE PRINT

FILE NO.: _____

DATE: _____

GRIEVOR: _____

EMPLOYEE NO. _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE NO.: _____ (RES) _____ (BUS)

DEPARTMENT: _____

CLASSIFICATION: _____

EMPLOYER: _____

SUPERVISOR: _____

UNION STEWARD: _____

PHONE No. _____

GRIEVANCE: I protest and grieve that the Employer has violated the Collective Agreement, including but not limited to Article # _____, by not paying me the appropriate Alternate Rate.

REDRESS sought: 1) That I be paid the appropriate Alternate Rate; 2) That I be fully compensated for all losses sustained; 3) That the Employer pay appropriate damages to me; and 5) Any other redress deemed appropriate by a Board of Arbitration or a sole Arbitrator.

Signature Union Officer

Signature of Grievor

The Grievor hereby agrees to keep the Local _____ Grievance Office informed of any change of address, workplace or telephone number in a timely manner and understands failure to do so, may result in a delay or interfere with processing of the grievance through the steps of the Grievance Process.

Alternate Rate/Superior Duties Grievance

DISPOSITION OF GRIEVANCE

DATE OF SETTLEMENT: _____

IN FAVOUR OF EMPLOYEE (YES/NO): _____

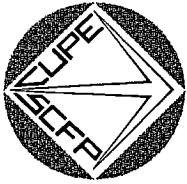
PARTICULARS OF DISPOSITION OF GRIEVANCE:

(Describe carefully and indicate at what Step or Stage of Grievance Procedure case was finally closed.)

Signature Employer Representative

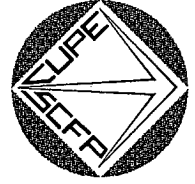
Signature of Union Representative

DATED: _____



GRIEVANCE FORM

(To be completed in triplicate)



CUPE LOCAL _____

Local Address
City, Province
Telephone:

PLEASE PRINT

FILE NO.: _____

DATE: _____

GRIEVOR: _____

EMPLOYEE NO. _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE NO.: _____ (RES) _____ (BUS)

DEPARTMENT: _____

CLASSIFICATION: _____

EMPLOYER: _____

SUPERVISOR: _____

UNION STEWARD: _____

PHONE NO. _____

GRIEVANCE: I protest and grieve that the Employer violated and continues to violate the Collective Agreement and without limiting the generality of the foregoing, more particularly the Employer and **<INSERT INSURANCE CARRIER NAME>** have wrongfully invoked a stringent "reasonable & customary" limitation on the amount of reimbursement they are prepared to make with respect to properly submitted claims for employee benefits, services and products, such as, but not limited to medications, dental work, orthotics, orthopaedic shoes, laboratory and professional fees.

REDRESS sought: 1) A declaration that the Employer has violated and continues to violate the Collective Agreement; 2) An order to cease violating the Collective Agreement forthwith; 3) An order to comply immediately with the terms and conditions negotiated with respect to the employee benefit plans; 4) That my appropriate claims for reimbursement which were subject to the "reasonable & customary" limitations be fully reimbursed forthwith to the full extent of their submitted claim; and 5) Any other redress deemed appropriate by a Board of Arbitration of Sole Arbitrator.

Signature Union Officer

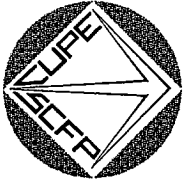
Signature of Grievor

The Grievor hereby agrees to keep the Local _____ Grievance Office informed of any change of address, workplace or telephone number in a timely manner and understands failure to do so, may result in a delay or interfere with processing of the grievance through the steps of the Grievance Process.

Benefits Grievance

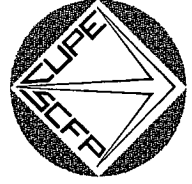
Revised: November 9, 2005

COPE 491:ml



GRIEVANCE FORM

(To be completed in triplicate)



CUPE LOCAL _____

Local Address
City, Province
Telephone:

PLEASE PRINT

FILE NO.: _____

DATE: _____

GRIEVOR: _____

EMPLOYEE NO. _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE NO.: _____ (RES) _____ (BUS)

DEPARTMENT: _____

CLASSIFICATION: _____

EMPLOYER: _____

SUPERVISOR: _____

UNION STEWARD: _____

PHONE NO. _____

GRIEVANCE: I protest and grieve that the Employer has violated and continues to violate the Collective Agreement and the predecessor Collective Agreement by failing to enrol me in **<INSERT INSURANCE CARRIER NAME>** and in the alternative, by providing to **<INSERT INSURANCE CARRIER NAME>**, inaccurate information in relation to the buy-back of pension credits by _____.

By way of remedy, I request the following: 1) A declaration that the Employer has violated and continues to violate the Collective Agreement; 2) An order directing the Employer to cease and desist violating the Collective Agreement; 3) An order directing the Employer to fully compensate me for all losses sustained; and 4) Such further relief as may be appropriate in the circumstances.

Signature Union Officer

Signature of Grievor

The Grievor hereby agrees to keep the Local _____ Grievance Office informed of any change of address, workplace or telephone number in a timely manner and understands failure to do so, may result in a delay or interfere with processing of the grievance through the steps of the Grievance Process.

Benefit Enrolment Grievance

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 Employer Representative

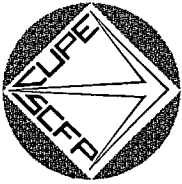
Signature of Union Representative

DATED: _____

Benefit Enrolment Grievance

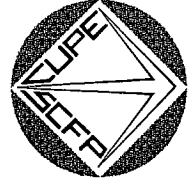
Revised: November 9, 2005

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GRIEVANCE FORM

(To be completed in triplicate)



CUPE LOCAL _____

Local Address
City, Province
Telephone:

PLEASE PRINT

FILE NO.: _____

DATE: _____

GRIEVOR: _____

EMPLOYEE NO. _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE NO.: _____ (RES)

_____ (BUS)

DEPARTMENT: _____

CLASSIFICATION: _____

EMPLOYER: _____

SUPERVISOR: _____

UNION STEWARD: _____

PHONE No. _____

GRIEVANCE: I protest and grieve that the Employer has violated the Collective Agreement, including but not limited to Article # _____, by not maintaining a discrimination free workplace.

REDRESS sought: 1) The discrimination cease immediately forthwith; 2) That I be fully compensated for all losses sustained; 3) That the Employer pay appropriate damages to me; and 4) Any other redress deemed appropriate by a Board of Arbitration or a sole Arbitrator.

Signature Union Officer

Signature of Grievor

The Grievor hereby agrees to keep the Local _____ Grievance Office informed of any change of address, workplace or telephone number in a timely manner and understands failure to do so, may result in a delay or interfere with processing of the grievance through the steps of the Grievance Process.

Discrimination Grievance

Revised: November 9 2005

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DISPOSITION OF GRIEVANCE

DATE OF SETTLEMENT: _____ **IN FAVOUR OF EMPLOYEE (YES/NO):** _____

PARTICULARS OF DISPOSITION OF GRIEVANCE:

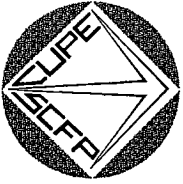
(Describe carefully and indicate at what Step or Stage of Grievance Procedure case was finally closed.)

Signature Employer Representative

Signature of Union Representative

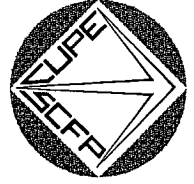
DATED: _____

Discrimination Grievance



GRIEVANCE FORM

(To be completed in triplicate)



CUPE LOCAL _____

Local Address
City, Province
Telephone:

PLEASE PRINT

FILE NO.: _____

DATE: _____

GRIEVOR: _____

EMPLOYEE NO. _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE NO.: _____ (RES) _____ (BUS)

DEPARTMENT: _____

CLASSIFICATION: _____

EMPLOYER: _____

SUPERVISOR: _____

UNION STEWARD: _____

PHONE No. _____

GRIEVANCE: I protest and grieve that the Employer has violated the Collective Agreement, by discharging me without just cause.

REDRESS sought: 1) That I be reinstated to my former position forthwith; 2) Compensation for all lost wages, benefits and seniority; 3) The alleged incident be stricken from my record forthwith; 4) That I be fully compensated for all losses sustained; 5) That the Employer pay appropriate damages to me; and 6) Any other redress deemed appropriate by a Board of Arbitration or a sole Arbitrator.

Signature Union Officer

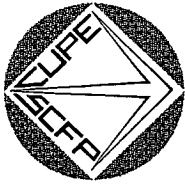
Signature of Grievor

The Grievor hereby agrees to keep the Local _____ Grievance Office informed of any change of address, workplace or telephone number in a timely manner and understands failure to do so, may result in a delay or interfere with processing of the grievance through the steps of the Grievance Process.

Dismissal/Discharge Grievance

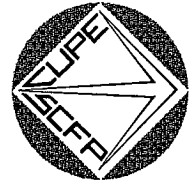
Revised: November 9, 2005

COPE 491:ml



GRIEVANCE FORM

(To be completed in triplicate)



CUPE LOCAL _____

Local Address
City, Province
Telephone:

PLEASE PRINT

FILE NO.: _____

DATE: _____

GRIEVOR: _____

EMPLOYEE NO. _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE NO.: _____ (RES) _____ (BUS)

DEPARTMENT: _____

CLASSIFICATION: _____

EMPLOYER: _____

SUPERVISOR: _____

UNION STEWARD: _____

PHONE No. _____

GRIEVANCE: I protest and grieve that the Employer has violated the Collective Agreement, including by not limited to Article # _____, and the Ontario Human Rights Code and without limiting the generality of the foregoing, more particularly the Employer has failed to accommodate me with respect to my disabilities and/or injuries.

REDRESS sought: 1) A declaration that the Employer has violated the Collective Agreement and Ontario Human Rights Code; 2) An order to comply with the Collective Agreement and the Ontario Human Rights Code; 3) That I be accommodated forthwith and placed in a position with the Employer suitable to my disabilities; 4) That I be fully compensated for all losses sustained; 5) That the Employer pay appropriate damages to me; and 6) Any other redress deemed appropriate by a Board of Arbitration or sole Arbitrator.

Signature Union Officer

Signature of Grievor

The Grievor hereby agrees to keep the Local _____ Grievance Office informed of any change of address, workplace or telephone number in a timely manner and understands failure to do so, may result in a delay or interfere with processing of the grievance through the steps of the Grievance Process.

Duty to Accommodate Grievance

DISPOSITION OF GRIEVANCE

DATE OF SETTLEMENT: _____

IN FAVOUR OF EMPLOYEE (YES/NO): _____

PARTICULARS OF DISPOSITION OF GRIEVANCE:

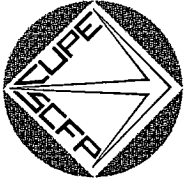
(Describe carefully and indicate at what Step or Stage of Grievance Procedure case was finally closed.)

Signature Employer Representative

Signature of Union Representative

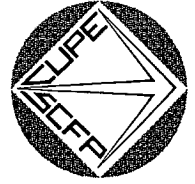
DATED: _____

Duty to Accommodate Grievance



GRIEVANCE FORM

(To be completed in triplicate)



CUPE LOCAL _____

Local Address
City, Province
Telephone:

PLEASE PRINT

FILE NO.: _____

DATE: _____

GRIEVOR: _____

EMPLOYEE NO. _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE NO.: _____ (RES) _____ (BUS)

DEPARTMENT: _____

CLASSIFICATION: _____

EMPLOYER: _____

SUPERVISOR: _____

UNION STEWARD: _____

PHONE NO. _____

GRIEVANCE: I protest and grieve that the Employer has violated the Collective Agreement, including but not limited to Article # _____, by not maintaining a harassment and discrimination free workplace.

REDRESS sought: 1) That the harassment and discrimination cease immediately forthwith; 2) That I be fully compensated for all losses sustained; 3) That the Employer pay appropriate damages to me; and 4) Any other redress deemed appropriate by a Board of Arbitration or a sole Arbitrator.

Signature Union Officer

Signature of Grievor

The Grievor hereby agrees to keep the Local _____ Grievance Office informed of any change of address, workplace or telephone number in a timely manner and understands failure to do so, may result in a delay or interfere with processing of the grievance through the steps of the Grievance Process.

Harassment & Discrimination Grievance

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 Employer Representative

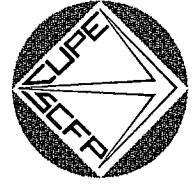
Signature of Union Representative

DATED: _____



GRIEVANCE FORM

(To be completed in triplicate)



CUPE LOCAL _____

Local Address
City, Province
Telephone:

PLEASE PRINT

FILE NO.: _____

DATE: _____

GRIEVOR: _____

EMPLOYEE No. _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE NO.: _____ (RES) _____ (BUS)

DEPARTMENT: _____

CLASSIFICATION: _____

EMPLOYER: _____

SUPERVISOR: _____

UNION STEWARD: _____

PHONE No. _____

GRIEVANCE: I protest and grieve that the Employer has violated the Collective Agreement, including but not limited to Article # _____, by issuing me an improper layoff notice.

REDRESS sought: 1) That the improper layoff be rescinded; 2) That I be fully compensated for all lost wages, benefits and seniority; 3) That I be fully compensated for all losses sustained; 4) That the Employer pay appropriate damages to me; and 5) Any other redress deemed appropriate by a Board of Arbitration or a sole Arbitrator.

Signature Union Officer

Signature of Grievor

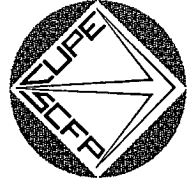
The Grievor hereby agrees to keep the Local _____ Grievance Office informed of any change of address, workplace or telephone number in a timely manner and understands failure to do so, may result in a delay or interfere with processing of the grievance through the steps of the Grievance Process.

Improper Layoff Grievance



GRIEVANCE FORM

(To be completed in triplicate)



CUPE LOCAL _____

Local Address
City, Province
Telephone:

PLEASE PRINT

FILE NO.: _____

DATE: _____

GRIEVOR: _____

EMPLOYEE NO. _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE NO.: _____ (RES) _____ (BUS)

DEPARTMENT: _____

CLASSIFICATION: _____

EMPLOYER: _____

SUPERVISOR: _____

UNION STEWARD: _____

PHONE No. _____

GRIEVANCE: I protest and grieve that the Employer has violated the Collective Agreement, including but not limited to Article # _____, by not compensating me for overtime worked.

REDRESS sought: 1) That I be compensated for overtime worked; 2) That I be fully compensated for all losses sustained; 3) That the Employer pay appropriate damages to me; and 4) Any other redress deemed appropriate by a Board of Arbitration or a sole Arbitrator.

Signature Union Officer

Signature of Grievor

The Grievor hereby agrees to keep the Local _____ Grievance Office informed of any change of address, workplace or telephone number in a timely manner and understands failure to do so, may result in a delay or interfere with processing of the grievance through the steps of the Grievance Process.

Overtime Grievance

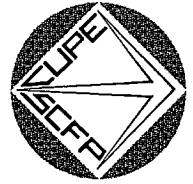
Revised: November 9, 2005

COPE 491:ml



GRIEVANCE FORM

(To be completed in triplicate)



CUPE LOCAL _____

Local Address
City, Province
Telephone:

PLEASE PRINT

FILE NO.: _____

DATE: _____

GRIEVOR: _____

EMPLOYEE NO. _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE NO.: _____ (RES) _____ (BUS)

DEPARTMENT: _____

CLASSIFICATION: _____

EMPLOYER: _____

SUPERVISOR: _____

UNION STEWARD: _____

PHONE NO. _____

GRIEVANCE: I protest and grieve that the Employer has violated the Collective Agreement, including but not limited to Article # _____, by denying me the promotion to _____, (Job Posting # _____).

REDRESS sought: 1) That I be promoted to and be paid the rate with appropriate wage protection for the position of _____, effective from the date the position was filled; 2) That I be fully compensated for all losses sustained; 3) That the Employer pay appropriate damages to me; and 4) Any other redress deemed appropriate by a Board of Arbitration or a sole Arbitrator.

Signature Union Officer

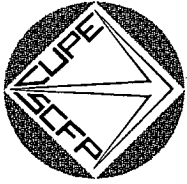
Signature of Grievor

The Grievor hereby agrees to keep the Local _____ Grievance Office informed of any change of address, workplace or telephone number in a timely manner and understands failure to do so, may result in a delay or interfere with processing of the grievance through the steps of the Grievance Process.

Promotion Grievance

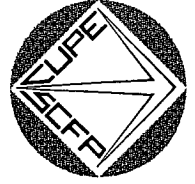
Revised: November 9, 2005

COPE 491:ml



GRIEVANCE FORM

(To be completed in triplicate)



CUPE LOCAL _____

Local Address
City, Province
Telephone:

PLEASE PRINT

FILE NO.: _____

DATE: _____

GRIEVOR: _____

EMPLOYEE NO. _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE NO.: _____ (RES) _____ (BUS)

DEPARTMENT: _____

CLASSIFICATION: _____

EMPLOYER: _____

SUPERVISOR: _____

UNION STEWARD: _____

PHONE No. _____

GRIEVANCE: I protest and grieve that the Employer violated the Collective Agreement, including but not limited to Article # _____, by denying me the scheduled hours to which I am entitled to in accordance with my seniority.

REDRESS sought: 1) That I be given scheduled hours in accordance with my seniority; 2) That I be compensated for all lost time, benefits and seniority for hours not scheduled in accordance with my seniority; and 3) That I be fully compensated for all losses sustained; 4) That the Employer pay appropriate damages to me; and 5) Any other redress deemed appropriate by a Board of Arbitration or a sole Arbitrator.

Signature Union Officer

Signature of Grievor

The Grievor hereby agrees to keep the Local _____ Grievance Office informed of any change of address, workplace or telephone number in a timely manner and understands failure to do so, may result in a delay or interfere with processing of the grievance through the steps of the Grievance Process.

Scheduling Grievance

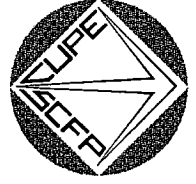
Revised: November 9, 2005

COPE 491:ml



GRIEVANCE FORM

(To be completed in triplicate)



CUPE LOCAL _____

Local Address
City, Province
Telephone:

PLEASE PRINT

FILE NO.: _____

DATE: _____

GRIEVOR: _____

EMPLOYEE NO. _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE NO.: _____ (RES) _____ (BUS)

DEPARTMENT: _____

CLASSIFICATION: _____

EMPLOYER: _____

SUPERVISOR: _____

UNION STEWARD: _____

PHONE No. _____

GRIEVANCE: I protest and grieve that the Employer has violated the Collective Agreement, by subjecting me to an unjust suspension for _____ days on _____.

REDRESS sought: 1) Compensation for all lost wages, benefits and seniority; 2) The alleged incident be stricken from my record forthwith; 3) That I be fully compensated for all losses sustained; 4) That the Employer pay appropriate damages to me; and 5) Any other redress deemed appropriate by a Board of Arbitration or sole Arbitrator.

Signature Union Officer

Signature of Grievor

The Grievor hereby agrees to keep the Local _____ Grievance Office informed of any change of address, workplace or telephone number in a timely manner and understands failure to do so, may result in a delay or interfere with processing of the grievance through the steps of the Grievance Process.

Suspension Grievance

DISPOSITION OF GRIEVANCE

DATE OF SETTLEMENT: _____

IN FAVOUR OF EMPLOYEE (YES/NO): _____

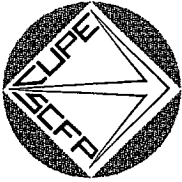
PARTICULARS OF DISPOSITION OF GRIEVANCE:

(Describe carefully and indicate at what Step or Stage of Grievance Procedure case was finally closed.)

_____ **Signature Employer Representative**

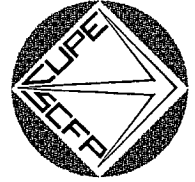
_____ **Signature of Union Representative**

DATED: _____



GRIEVANCE FORM

(To be completed in triplicate)



CUPE LOCAL _____

Local Address
City, Province
Telephone:

PLEASE PRINT

FILE NO.: _____

DATE: _____

GRIEVOR: _____

EMPLOYEE NO. _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE NO.: _____ (RES) _____ (BUS)

DEPARTMENT: _____

CLASSIFICATION: _____

EMPLOYER: _____

SUPERVISOR: _____

UNION STEWARD: _____

PHONE NO. _____

GRIEVANCE: I protest and grieve that the Employer has violated the Collective Agreement, including but not limited to Article # _____, and without limiting the generality of the foregoing, more particularly the Employer disciplined me without the benefit of proper Union Representation.

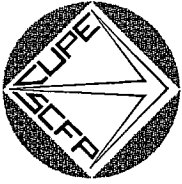
REDRESS sought: 1) That a declaration of my rights under the terms and conditions of the Collective Agreement has been violated; 2) An order to comply with the Collective Agreement forthwith; 3) That I be fully compensated for all losses sustained; 3) That the Employer pay appropriate damages to me; and 4) Any other redress deemed appropriate by a Board of Arbitration or a sole Arbitrator.

Signature Union Officer

Signature of Grievor

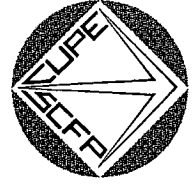
The Grievor hereby agrees to keep the Local _____ Grievance Office informed of any change of address, workplace or telephone number in a timely manner and understands failure to do so, may result in a delay or interfere with processing of the grievance through the steps of the Grievance Process.

Union Representation Grievance



GRIEVANCE FORM

(To be completed in triplicate)



CUPE LOCAL _____

Local Address
City, Province
Telephone:

PLEASE PRINT

FILE NO.: _____

DATE: _____

GRIEVOR: _____

EMPLOYEE NO. _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE NO.: _____ (RES) _____ (BUS)

DEPARTMENT: _____

CLASSIFICATION: _____

EMPLOYER: _____

SUPERVISOR: _____

UNION STEWARD: _____

PHONE No. _____

GRIEVANCE: I protest and grieve that the Employer has violated the Collective Agreement, by issuing me an unjust letter of reprimand, dated _____.

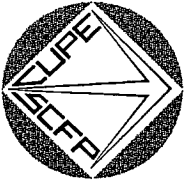
REDRESS sought: 1) That this letter be rescinded and removed from my file forthwith; 2) That I be fully compensated for all losses sustained; 3) That the Employer pay appropriate damages to me; and 4) Any other redress deemed appropriate by a Board of Arbitration or sole Arbitrator.

Signature Union Officer

Signature of Grievor

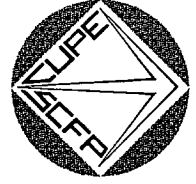
The Grievor hereby agrees to keep the Local _____ Grievance Office informed of any change of address, workplace or telephone number in a timely manner and understands failure to do so, may result in a delay or interfere with processing of the grievance through the steps of the Grievance Process.

Unjust Letter Grievance



GRIEVANCE FORM

(To be completed in triplicate)



CUPE LOCAL _____

Local Address
City, Province
Telephone:

PLEASE PRINT

FILE NO.: _____

DATE: _____

GRIEVOR: _____

EMPLOYEE NO. _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE NO.: _____ (RES) _____ (BUS)

DEPARTMENT: _____

CLASSIFICATION: _____

EMPLOYER: _____

SUPERVISOR: _____

UNION STEWARD: _____

PHONE No. _____

GRIEVANCE: CUPE Local _____ protests and grieves that the Employer has violated the Collective Agreement and past practices, including by not limited to Article _____, with respect to _____ Department policy regarding the _____.

By way of remedy, CUPE Local _____ requests the following: 1) The Employer withdraw the policy immediately, comply with the Collective Agreement and past practice and any other redress as appropriate.

Signature Union Officer

Signature of Grievor

The Grievor hereby agrees to keep the Local _____ Grievance Office informed of any change of address, workplace or telephone number in a timely manner and understands failure to do so, may result in a delay or interfere with processing of the grievance through the steps of the Grievance Process.

Unjust Policy Grievance

Revised: November 9, 2005

COPE 491:ml

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 Employer Representative

Signature of Union Representative

DATED: _____



GRIEVANCE FORM

(To be completed in triplicate)



CUPE LOCAL _____

Local Address
City, Province
Telephone:

PLEASE PRINT

FILE NO.: _____

DATE: _____

GRIEVOR: _____

EMPLOYEE NO. _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE NO.: _____ (RES) _____ (BUS)

DEPARTMENT: _____

CLASSIFICATION: _____

EMPLOYER: _____

SUPERVISOR: _____

UNION STEWARD: _____

PHONE No. _____

GRIEVANCE: I protest and grieve that the Employer has violated the Collective Agreement, including but not limited to Article # _____, by wrongfully and incorrectly calculating my vacation entitlement and/or vacation pay.

REDRESS sought: 1) That I be issued all correct vacation entitlement and/or vacation pay; 2) That I be fully compensated for all losses sustained; 3) That the Employer pay appropriate damages to me; and 4) Any other redress deemed appropriate by a Board of Arbitration or a sole Arbitrator.

Signature Union Officer

Signature of Grievor

The Grievor hereby agrees to keep the Local _____ Grievance Office informed of any change of address, workplace or telephone number in a timely manner and understands failure to do so, may result in a delay or interfere with processing of the grievance through the steps of the Grievance Process.

Vacation Pay/Entitlement Grievance

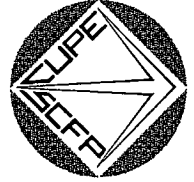
Revised: November 9, 2005

COPE 491:ml



GRIEVANCE FORM

(To be completed in triplicate)



CUPE LOCAL _____

Local Address
City, Province
Telephone:

PLEASE PRINT

FILE NO.: _____

DATE: _____

GRIEVOR: _____

EMPLOYEE NO. _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE NO.: _____ (RES) _____ (BUS)

DEPARTMENT: _____

CLASSIFICATION: _____

EMPLOYER: _____

SUPERVISOR: _____

UNION STEWARD: _____

PHONE No. _____

GRIEVANCE: I protest and grieve that the Employer has violated the Collective Agreement, by _____

REDRESS sought: _____

Signature Union Officer

Signature of Grievor

The Grievor hereby agrees to keep the Local _____ Grievance Office informed of any change of address, workplace or telephone number in a timely manner and understands failure to do so, may result in a delay or interfere with processing of the grievance through the steps of the Grievance Process.

Violation of CA Grievance

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 Employer Representative

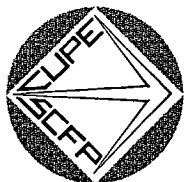
Signature of Union Representative

DATED: _____

Violation of CA Grievance

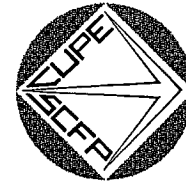
Revised: November 9, 2005

COPE 491:ml



GRIEVANCE FORM

(To be completed in triplicate)



CUPE LOCAL _____

Local Address
City, Province
Telephone:

PLEASE PRINT

FILE NO.: _____

DATE: _____

GRIEVOR: _____

EMPLOYEE NO. _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE NO.: _____ (RES) _____ (BUS)

DEPARTMENT: _____

CLASSIFICATION: _____

EMPLOYER: _____

SUPERVISOR: _____

UNION STEWARD: _____

PHONE No. _____

GRIEVANCE: I _____ **protest and grieve** that the Employer has violated and continues to violate the Collective Agreement, by failing to compensate me appropriately.

By way of remedy, I request the following: 1) A declaration that the Employer has violated the Collective Agreement; 2) An order directing the Employer to cease and desist violating the Collective Agreement; 3) An order directing the Employer to forthwith compensate me for all losses sustained; and 4) Such further relief as may be appropriate in the circumstances.

Signature Union Officer

Signature of Grievor

The Grievor hereby agrees to keep the Local _____ Grievance Office informed of any change of address, workplace or telephone number in a timely manner and understands failure to do so, may result in a delay or interfere with processing of the grievance through the steps of the Grievance Process.

Wages Grievance

Revised: November 9, 2005
COPE 491:ml

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 Employer Representative

Signature of Union Representative

DATED: _____