

PART "C"

To be completed by the Shop Steward

Verification: Date and Time of Incident:  Written Statement of witnesses:   
(Check)

Supporting Documentation for the grievance (Letter, opportunity list, etc.)

Specific cases where documentation is required for grievance representation:

Overtime: Copy of equal opportunity overtime lists;

Leave: Copy of notice of leave without pay, copy of request for leave form, copy of medical certificate, copy of summons (Court)

Salary, premiums, allowances: Copy of letter from employer, cheque stub, memo, etc.

Discipline: Copy of notice of interview, copy of letter from employer, signature and written statement of witnesses.

Additional Information from the Shop Steward:

(Employer's comments, if applicable)

Multiple horizontal lines for providing additional information.

Corrective Action Requested:

Multiple horizontal lines for describing corrective action requested.

This form is the exclusive property of the Canadian Union of Postal Workers and must be sent to the grievance officer as soon as it is completed. Any unjustified delay could breach the validity of the grievance.

For use by the Local

1) Name of the officer responsible: \_\_\_\_\_

2) For any disciplinary measure (including absenteeism), please attach to this form a summary of the grievor's personal file.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_