

Remedy sought;

Manager – Please complete in writing your findings and the resolution from your conversation with the employee / Shop Steward. (Please provide a completed copy to your HRM.)

Resolution of this claim must be completed within 10 business days from the date that you received this document.

If resolution has not been reached, this form will serve as an official Grievance notice, requesting that a formal grievance meeting be held in pursuant to the provisions in Section 31(B) of the Collective Bargaining Agreement. The Union and the Employer reserves its right to set forth additional facts and contract provisions should they determine it to be necessary or appropriate to the final disposition of this matter.

Employee's/Shop Steward Signature: _____ Date: _____

Manager's Signature: _____ Date: _____