



CUPE 1048

City of Prince George Inside Workers

GRIEVANCE FORM

Case No.		Local No.	1048
Employer	City of Prince George		
Supervisor			

Employee			
Classification		Seniority date	
Department		Email	
Address			
Phone No. (H)		Cell	

To					
Grievance Level	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Other	

I/We the undersigned claim that

Therefore I/we request

Grievor

	Date	
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Union officer

	Date	
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DISPOSITION OF GRIEVANCE

Date of settlement		
In favour of employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Particulars of disposition of grievance (describe carefully and indicate at what step or stage of grievance procedure case was resolved):

Signature of employer representative

	Date	
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Signature of union representative

	Date	
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