

SEIU Local 2



GRIEVANCE

Member's Name: _____ Home Phone: _____

Address: _____

Employer: _____ Department / Building: _____

I claim that on: _____, the Company:

(Date)

- (Discharged, suspended, reprimanded) me without just cause, and I request (immediate reinstatement in my former job with no loss of wages, benefits, or seniority and that this action be stricken from my personal records).
- Failed to take immediate action to correct improper and unsafe working conditions and I request that the situation be remedied without delay.
- Improperly classified me at a lower rate and I request that I be immediately re-classified as a _____, and that I be retroactively compensated for all lost earnings.
- Improperly failed to (promote, transfer) me to the posted job of _____, and I request that this (promotion, transfer) take effect immediately and that I be retroactively compensated for all lost earnings.
- Improperly (laid me off, failed to recall me) in accordance with my seniority and I request that the Company recall me immediately and compensate me for all lost earnings.
- Failed to pay me the correct amount of my (regular pay, holiday pay, vacation pay, overtime pay or _____), and I request that an immediate adjustment be made.
- Failed to offer me overtime in accordance with the collective agreement, and I request immediate compensation for such lost overtime opportunity.

OTHER:

Date of Grievance

Signature of Grievor

Signature of Steward

SUBMIT AS PER UNION REPRESENTATIVE'S INTRUCTIONS