



NOVA SCOTIA GOVERNMENT &
GENERAL EMPLOYEES UNION

UNION FACT SHEET

UNION FILE #:
SHOP STEWARD:
ERO:

WHO IS INVOLVED IN THIS GRIEVANCE?

Grievor:

Form with fields: NAME, LOCAL, ADDRESS, PHONE (Home/Work), DEPARTMENT, JOB CLASSIFICATION, PAY GRADE, LENGTH OF SERVICE, LENGTH OF SERVICE ON PRESENT JOB.

Supervisor or other management involved:

Form with fields: NAME, TITLE, DEPARTMENT, PHONE.

Witnesses or other persons involved:

Two forms with fields: NAME, ADDRESS, PHONE (Home/Work), JOB CLASSIFICATION.

FORM #: UFS/00

WHAT HAPPENED? WHAT IS THE GRIEVANCE ABOUT?

Four horizontal lines for text entry.

WHEN DID THE GRIEVANCE OCCUR?

(Date and time grievance began? How often and how long has it been happening? Is it within time limits to proceed with a grievance?)

Two horizontal lines for text entry.

WHERE DID THE GRIEVANCE OCCUR?

(Exact location – department, machine aisle, office, etc. Include a diagram or photo, if helpful.)

WHY IS THIS A GRIEVANCE?

(Violation of contract? Supplement? Law? Past Practice? Safety Regulations? Rulings of Awards? Unjust treatment? Etc.)

WANT GRIEVANCE SETTLED HOW?

(Redress in full – adjustments necessary to completely correct situation – i.e. Back Pay, etc.)

EMPLOYER CONTENDS:

EMPLOYER RECORD OF CONDUCT

(Warnings and/or penalties for lateness, absenteeism, quantity or quality of work, etc. Include dates & reasons)

Verbal Warnings:

Written Warnings:

Other Penalties Imposed:

Other Related Information:

ADDITIONAL INFORMATION

Information given by witnesses followed by a summary of what each saw and heard. Get a signed witness statement if possible.)

Documentary evidence, i. e. Seniority List, Wage Schedule, Record of similar grievances, etc.)

DATE: _____

SIGNATURE OF SHOP STEWARD: _____

SIGNATURE OF GRIEVOR: _____

Please attach additional pages as required including specific grievance investigation forms.

CHECKLIST OF ADDITIONAL FORMS RE SPECIFIC GRIEVANCES:

- Form UFSA1/00 Discharge/Dismissal and Suspensions
- Form UFSA2/00 Job Posting
- Form UFSA3/00 Improper Pay
- Form UFSA4/00 Overtime
- Form UFSA5/00 Layoff

