Date: _____

CUPW Grievance Investigation Information Request Form

I _____ am requesting the following

Information from (Supervisor) _____ for grievance investigation:

- ☐ Equal Opportunity List(s) for (Section/Shift/Classification/Depot) _____
  - ○ Before and After ○ RDO ○ Stat Holiday

  Starting (Date) _____ Until (Date)_____
- ☐ Leave Summary for: Annual leave, compensatory time, personal days, lieu days, Top-up credits, Other_____
- ☐ Copy of the current Seniority List for (Section/Classification/Depot) _____
- ☐ Copy of the Annual Leave Schedule for (Section/Classification/Depot)_____

Group 1

- ☐ Weekly and Daily Schedules for (Section/Shift/Classification/Depot) _____
  Starting (Date) _____Until (Date) _____
- ☐ Call in List for Over-Time or Extended Hours for (Section/Classification/Shift)_____ (Date) _____
- ☐ List of the Names of Temporary/Casual Employees in (Section/Shift) _____ on (Date(s))_____
- ☐ Other: _____

Group 2

- ☐ Force Back List for (Depot) _____ Starting (Date)_____Until (Date)_____
- ☐ Daily Staffing Sheets for (Transportation/Depot) _____
  Starting (Date) _____ Until (Date) _____
- ☐ Applicable Route Forms for Walk/Route # _____Current Previous Both
  - ○ 038's
  - ○ 071's
  - ○ 080's
  - ○ Special Allowance Sheet
  - ○ Relay Delivery Sheet
  - ○ Street Letter Box Clearances
  - ○ 098 Workload Equalization and Transportation Sheet
- ☐ Edit Book Sheet(s) for (Date) _____ Until (Date)_____
- ☐ Other: _____

Group 3

- ☐ Weekly and Daily Schedules for (Section/Shift/) _____
  Starting (Date) _____Until (Date) _____
- ☐ Call List for Over-Time Log (Section/Classification/Shift)_____ (Dates) _____
- ☐ Equal Ops Lists for _____ Dates(s) _____
- ☐ Other: _____

Signature _____ Received by (Supervisor)_____

Witness (Steward) _____ Date Received_____

A copy of this request has been made for my records