

**GRIEVANCE TRANSMITTAL FORM
PUBLIC SERVICE ALLIANCE OF CANADA**

SECTION 1 (A) (B) (C) TO BE COMPLETED BY EMPLOYEE

DEPARTMENTAL USE ONLY
REFERENCE NO.

LEVEL 2

LEVEL 3

LEVEL 4

SURNAME

GIVEN NAMES

PLEASE PRINT

PHONE #

NAME OF DEPARTMENT OR AGENCY

BRANCH OR DIVISION

LOCATION

SIGNATURE

SECTION 2 TO BE COMPLETED BY REPRESENTATIVE OF BARGAINING AGENT WHERE APPLICABLE

APPROVAL FOR PRESENTATION OF GRIEVANCE RELATING TO COLLECTIVE AGREEMENT AND/OR ARBITRAL AWARD AND AGREEMENT TO REPRESENT EMPLOYEE IS HEREBY GIVEN

SIGNATURE OF BARGAINING AGENT REPRESENTATIVE

NAME OF LOCAL REPRESENTATIVE OF BARGAINING AGENT

ADDRESS FOR CONTACT AND REPLY

SECTION 3 TO BE COMPLETED IMMEDIATE SUPERVISOR OR LOCAL OFFICER IN CHARGE

DATE TRANSMITTAL RECEIVED

SIGNATURE OF MANAGEMENT REPRESENTATIVE

COPY: