**REQUEST FOR**

**GRIEVANCE**

**(Article 27 – Full-time Collective Agreement)**

|  |  |
| --- | --- |
| **Date:** |  |
| **Grievor(s):** |  |
| **Faculty/Department/Program** |  |
| **Contact Information:**  **(email address and phone number)** |  |
| **Date upon which the grievor(s) knew of the events giving rise to the grievance:** |  |
| **Deadline to File:**  **(20 working days after**  **grievor(s) knew of events)** |  |
| **Grievance:** |  |
| **Article(s) breached, misinterpreted and/or improperly applied:** |  |
| **Remedy Sought:** |  |

I understand that, in order to review my application, members of the WLUFA Grievance Committee may have access to any documents deemed necessary for evaluation of the request.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use:

WLUFA approved: □ WLUFA denied: □ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grievance Officer(s) Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grievance Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_