

## PSAC GRIEVANCE FILE CHECKLIST

GRIEVOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Town/City	Province	Postal Code
-----------	----------	-------------

PHONE (w): \_\_\_\_\_ (h): \_\_\_\_\_

APPLICABLE COLLECTIVE AGREEMENT OR BARGAINING UNIT: \_\_\_\_\_

SUBJECT OF GRIEVANCE: \_\_\_\_\_  
 (If insufficient space, please attach appendix)

**ATTACHMENTS**

	YES	NO	N/A
Copy of <u>legible</u> grievance form (retype wording and attach if not legible)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of legible transmittal form (level 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of legible transmittal form (level 3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agreement(s) to extend time limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate referral notice or form (arbitration/adjudication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Names & addresses of other parties to be advised of arbitration hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer's response (level 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer's response (level 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer's response (level 3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outline of arguments presented at level 1 grievance hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outline of arguments presented at level 2 grievance hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outline of arguments presented at level 3 grievance hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List of jurisprudence cited at all grievance hearings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completed Steward Factsheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy/summary of any settlement offers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with grievor (dates and brief summary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of all pertinent documents in chronological order (attach a list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appendices (attach a list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXPLANATIONS FOR BOXES CHECKED "NO" OR COMMENTS \_\_\_\_\_

\_\_\_\_\_  
 (If insufficient space, please attach appendix)

<b>TIME LIMITS</b>	<b>DEADLINE DATE</b>	<b>DATE PRESENTED</b>	<b>DATE RECEIVED by employee</b>
Presentation of grievance			x
Response at Level 1		x	
Transmittal to Level 2			x
Response at Level 2		x	
Transmittal to Level 3			x
Response at Level 3		x	
Referral to arbitration/adjudication			x

NAME OF UNION REPRESENTATIVE (**LEVEL 1**): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ FAX: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME OF UNION REPRESENTATIVE (**LEVEL 2**): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ FAX: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME OF UNION REPRESENTATIVE (**LEVEL 3**): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ FAX: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_