



INITIALS: _____
DATE: _____

**REQUEST TO EMPLOYER FOR RELEVANT DATA**

To (Company Official): \_\_\_\_\_

From (Union Official): \_\_\_\_\_

RE: (Grievance): \_\_\_\_\_

Date: \_\_\_\_\_ Request by \_\_\_\_\_

In order to make a determination as to whether a valid grievance exists, or if an existing grievance should be elevated to the next step, the Union requires the following information. Contractual time limits for proper filing and escalation of grievance make it necessary that we receive this information as soon as possible. Thank you for your prompt attention.

**(Authorization on the reverse side)**

\_\_\_\_ Documentation of previous discipline (records of oral & written reprimands, records of suspension, etc)

\_\_\_\_ Performance appraisal reviews and worksheets

\_\_\_\_ Copies of accident records

\_\_\_\_ Grievant medical records

\_\_\_\_ Copies of all relevant FMLA From \_\_\_\_\_ To \_\_\_\_\_  
 \_\_\_\_ Insurance plans  
 \_\_\_\_ Pension plans

\_\_\_\_ Grievant attendance records From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_ Grievant absence rate

\_\_\_\_ Workgroup absence rate From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_ Copies of statements from other individuals pertaining to incident involving grievant

\_\_\_\_ Grievant time sheets From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_ Grievant work schedule From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_ Records of performance or disciplinary contacts with grievant

\_\_\_\_ Copy of applicable Company practice or policy

\_\_\_\_ Job description

\_\_\_\_ Description of all Company training or other relevant training completed by grievant

\_\_\_\_ Description of all Company training or other relevant training completed by successful candidates for the job opportunity for which the grievant was an unsuccessful candidate.

\_\_\_\_ List of candidates (including seniority date) considered for

\_\_\_\_ promotion

\_\_\_\_ transfer

\_\_\_\_ re-classification

\_\_\_\_ other: \_\_\_\_\_

\_\_\_\_ Correspondence explaining why grievant did not receive the promotion, transfer, re-classification or other job opportunity

\_\_\_\_ Copy of the agreement between the Company and subcontractors performing disputed work.

\_\_\_\_ All other relevant correspondence, documentation, memos

\_\_\_\_ Other (specify) \_\_\_\_\_

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**Documentation Provided:**

On (Date): \_\_\_\_\_

To (Stewards Name):

\_\_\_\_\_

From (Company):

\_\_\_\_\_

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I, \_\_\_\_\_, the undersigned do hereby grant permission for all Union representatives involves to examine, review and obtain copies, where they deem necessary, of any and all portions of my personal records, including medical records, maintained by the Company.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_