Union of Public Sector Employees Steward Fact Sheet

Employee Name: _____ Job Classification: _____

Employee Address: (H) _____

Employee Phone: (H) _____ (W) _____

Local # _____ Employer: _____ Supervisor: _____

P F/T ☐ P P/T ☐ Casual ☐ Temporary ☐ Other ☐ _____

DETAILS: Time, date, and location of incident; violated article(s), laws; past practices; safety regulations deemed violated and reason; name, status, phone numbers, and statement of witness(es); summary of meeting with Employer, Employers statements; requested remedy; and any other relevant information.

Employee's Signature / Date: _____

Steward's Signature / Date: _____

Labour Relations Officer / Date: _____

PEI UPSE

White - Office Copy	Yellow - Steward Copy