



# Grievance Checklist - Inclusion/Exclusion

Grievor name: \_\_\_\_\_ Local contact: \_\_\_\_\_

## Please indicate the nature of the grievance:

- Management exclusion
- Position in another bargaining unit
- Interveners
- Concerns multiple positions
- Represented by OPSEU at other locations (i.e. hospitals)
- Contracting out
- Contracting in

## Have you included:

- Job posting
- Job description
- Copies of relevant collective agreements
- All correspondence to date
- Copies of comparator positions
- Contact information of persons who know about this position
- Incumbent information

## Employer's stated position:

## Union's stated position: