



INCLUSION/EXCLUSION GRIEVANCE CHECKLIST

GRIEVOR NAME: _____ LOCAL CONTACT: _____

Please identify 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: