



DISTRICT 4 REQUEST TO EMPLOYER FOR RELEVANT DATA

To (Company Official): _____

From (Union Official): _____

Re (Grievance): _____

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 grievances make it necessary that we receive this information as soon as possible. Thank you for your prompt attention. (Authorization on reverse side.)

_____ Documentation of previous discipline (records of oral reprimands, written reprimands, records of suspensions, etc.)

_____ Performance appraisal reviews and worksheets

_____ Copies of accident records

_____ Grievant's medical records

_____ Copies of all relevant
_____ insurance plans
_____ pension plans

_____ Grievant's attendance records

_____ Grievant's absence rate

_____ Workgroup absence rate

_____ Copies of statements from other individuals pertaining to incident involving grievant

_____ Copies of security department interviews and other records relating to its investigation pertaining to incident involving grievant

_____ Grievant's time sheets

_____ Grievant's work schedule

_____ Records of performance or disciplinary contacts with grievant

- _____ Copy of applicable Company practice or policy
- _____ Job descriptions
- _____ 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 dates) considered for
 - _____ promotion
 - _____ transfer
 - _____ reclassification
 - _____ other: _____
- _____ Correspondence explaining why grievant did not receive the promotion, transfer, reclassification, or other job opportunity
- _____ Copy of the agreement between the Company and subcontractor performing disputed work
- _____ All other relevant correspondence, documentation, memos
- _____ Other (specify): _____
- _____
- _____
- _____
- _____
- _____
- _____

I, _____, the undersigned, do hereby grant permission for all union representatives involved to examine, review, and obtain copies, where they deem necessary, of any and all portions of my personnel records, including medical records, maintained by the Company.

Signed: _____

Date: _____