



# GRIEVANCE FORM

OPSEU # 237  
(ELECTRONICALLY ASSIGNED)

LAST NAME	_____	FIRST NAME	_____	MEMBERSHIP #	_____
ADDRESS/ STREET	_____			OPSEU LOCAL NO.	<b>237</b>
TOWN/ CITY	_____	POSTAL CODE	_____	R.O.F.	_____
HOME TEL:	_____	BUS TEL:	_____		
CLASSIFICATION/ CLASS TITLE	<b>Full Time</b>	DATE OF HIRE	_____		
POSITION TITLE	<b>Professor</b>	SECTION OR DEPARTMENT	_____		
EMPLOYED BY MINISTRY/COLLEGE/BPS	<b>Conestoga College</b>	SECTOR	<b>CAAT-A</b>		
WORK LOCATION	_____				
TOWN/ CITY	_____	POSTAL CODE	_____		

## STATEMENT OF GRIEVANCE

I grieve the College has violated the Collective Agreement specifically Articles 2,4,6,27 and 28, and all other articles, policies and legislation that may apply, by improperly issuing me a layoff notice. Without limiting the foregoing, the college has failed to follow the process outlined in article 27 prior to laying me off. The College has caused me undue hardship, and psychological duress as a result. Specifically, as required by Article 27.08 A, there are positions occupied by full-time faculty with less seniority, and non-full-time faculty, with less service than I have seniority, that I could have displaced. I have the competence, skill, and experience to teach in each of the positions previously taught by the faculty listed on Appendix A (see attached).

## Settlement Desired

1. The College shall follow the process set out in the Collective Agreement.
2. The Grievor will be reassigned to one of the positions identified in Appendix A
3. The Grievor will be compensated for any loss of pay, seniority, pension, or benefits that may accrue during the period of improper layoff and there shall be a declaration that the Collective Agreement was violated.
4. Any other redress that the Arbitrator sees fit

SIGNATURE OF GRIEVOR	_____	DATE	_____
NAME / SIGNATURE OF STEWARD	<b><i>Bev Stone</i></b>	TEL:	<b>519 841 6848</b>
NAME / SIGNATURE OF LOCAL PRESIDENT	<b><i>Leopold Hall</i></b>	TEL:	<b>905 320 9656</b>

I HEREBY SUBMIT THE ABOVE GRIEVANCE TO:

MANAGEMENT/ OFFICIAL	<b>Carolyn Galvin Assoc. Vice President Human</b>	TEL:	_____
POSITION	<b>Resources</b>	FAX:	_____