

STEWARD FACT SHEET

Government Services Union, PSAC

PART 1 - WHO

A. THE UNION REPRESENTATIVE

This is the person completing this fact sheet.

Name:	
Work address:	
	Postal Code:
Home address:	
	Postal Code:
Home Phone:	Work Phone:
Home Fax:	Work Fax:
Home e-mail:	Work e-mail:

B. THE GRIEVOR

If there is more than one grievor, attach a list with name, address, etc. for each)

Name:	
Work address:	
	Postal Code:
Home address:	
	Postal Code:
Home Phone:	Work Phone:
Home Fax:	Work Fax:
Home e-mail:	Work e-mail:
Bargaining Unit:	Classification:
Employer:	Branch or Section

C. EMPLOYER REPRESENTATIVE OR SUPERVISOR

Name:	Title:
Address:	
	Postal Code:

