

Union of Taxation  
Employees



Syndicat des employé-e-s  
de l'Impôt

## Election to Waive

**To:**

\_\_\_\_\_  
*Employer's Representative*

**From:**

\_\_\_\_\_  
*Union Representative*

**Re:**

\_\_\_\_\_  
*Name of Grievor*

\_\_\_\_\_  
*Grievance Number*

By virtue of clause 18.08 of the Collective Agreement, I, \_\_\_\_\_  
(name of the grievor) hereby elect to waive the second (2nd) level or the third (3rd) level  
of the grievance procedure.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Grievor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Union Representative