



REQUEST TO WAIVE

To: _____
Employer's Representative

From: _____
Union Representative

Re: _____
Name of Grievor

_____ Grievance Number

By virtue of clause 18.16 of the Collective Agreement, the grievor hereby requests that the following level (s) _____ of the grievance procedure be waived for the following reason (s):

Date

Signature of Grievor

Date

Signature of Union Representative

I agree that the following level(s) _____ be waived.

I do not agree that the following level(s) _____ be waived for the following reason(s):

Date

Signature of Employer's Representative