

Step 1- Hours Investigation Form

EMPLOYEE TO COMPLETE:

Employer: _____
(i.e. Bayshore)

To: _____
(Designated Employer representative to handle grievances at Step 1)

Date: _____

Employee Name: _____

Seniority Unit: _____
(area, etc) (e.g. Burnaby North , Burnaby South)

Status: Regular _____ Casual _____

Days of Work: _____
(e.g. Tuesday to Saturday)

Availability: _____
(e.g. 0800- 1800)

Weekly Hours (for Regular Employees only):
___20 hrs/week ___25 hrs/week ___30 hrs/week ___35 hrs/week ___40 hours/week

CONCERN: (i.e. details of hours I feel I am entitled to)
NOTE: *Must include specific dates and times of availability*

INVESTIGATION – EMPLOYER TO COMPLETE:

Date: _____ Signature: _____

___Employer copy ___Steward copy ___Grievance copy if applicable
___Voice Mail to Employee informing investigation complete

