

GRIEVANCE #

Employees of the Kawartha Pine Ridge District School Board

IF ONE IS FILED

Ron Maguire, President 380 Lake Road, Unit #7 Bowmanville, ON L1C 4P8 Phone: 905-623-5356 Toll Free: 1-855-737-5356

Fax: 905-623-5352

Date:

Email: cupe5555@bellnet.ca Website: www.cupe5555.ca

Notes Filed with Office

CUPE (eg. CUPE -13-001)	Ini	ials:	
Member's Meeting Notes			
Date:	Time:		
Place:			
Name of Member and their position: (eg: EA	/CYW, Custodian, N	Iaintenance)	
Type of Meeting: (investigative or Letter of Ex	xpectation / Disciplin	e)	
Board Rep(s) in attendance (Is one their imme	ediate supervisor)		
CUPE Rep(s) in attendance			
Notes:			

