



Kent Hospital
United Nurses & Allied Professionals, Local 5008
 375 Branch Avenue, Providence, RI 02904
 T: 401-831-3547 x19 • F: 401-831-3677

-Grievance Form –

Name of Grievant _____ Tel. h) _____ w) _____

Dept. _____ Unit _____ Title _____ Shift _____

Unit Representative _____ Tel. h) _____ w) _____

Statement of Grievance: The employer violated the collective bargaining agreement Articles 14 Hours of Work, Schedules, and Breaks, 28 Holiday, 29 Vacation, 30 Salary, 31 Overtime, 32 Differentials and other related articles by payroll errors.

Corrective Action Requested: The employer shall correct payroll errors and follow the contract in all ways, make employees whole financially and in all ways and any other suitable remedies.

Signature of Grievant and/or Unit Representative

Date

π Step 1 Submitted to: _____ Date: _____

π Step 2 Submitted to: _____ Date: _____

π Step 3 Submitted to: _____ Date: _____

White copy: Union Office

Pink copy: Employer

