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<https://8920.cupe.ca>

~cm-cope491

Grievance Handbook



September 2023

Grievance Procedure

Individual Grievances

Informal Procedure:

If the Member believes they have been treated unjustly by an action or lack of action by the Employer, they have twenty-five (25) days from the time on which they became aware of the issue to discuss with an immediate management supervisor. Member can have a shop steward present for this discussion. The supervisor has two (2) days to provide an answer. (This can be extended if mutually agreed upon.)

If the answer from the supervisor is not sufficient the Member must notify the supervisor that the issue will then be deemed a “grievance”.

**Grievance numbers must be supplied to your Area VP by the Recording Secretary of Local 8920, Alan Linkletter.

Formal Procedure:

STEP 1

- If the Member is not satisfied with the informal procedure decision, a grievance can be filed within ten (10) days of receiving the decision from the immediate management supervisor. The grievance shall be in writing and presented to the supervisor. If there is no resolve within five (5) days from submitting the grievance to the supervisor, move grievance to STEP 2 (see attached Template “A”)

STEP 2

- Within five (5) days from the date the supervisor was required to respond, submit the grievance to the Manager or the Employer’s designate. If no resolve is reached within ten (10) days from the date the Manager received the grievance, move to STEP 3.

CONFIDENTIALITY Agreement for Appointed / Elected Members of CUPE Local 8920

In the course of your appointment or election to Local 8920 you will have access to, and be entrusted with, confidential information concerning CUPE members, as well as the operations of the CUPE. CUPE’s operations and the interests of its members would be irreparably harmed if such confidential information were disclosed to, or used by, any person outside of CUPE’s operations.

As a condition of your appointment/election to any CUPE position, you acknowledge and agree to the following:

You agree to not use the confidential information in any manner save and except as reasonably necessary to discharge your obligations in your appointed/elected position.

You agree that you will not, either during the term of your appointed/elected position or at any time thereafter, directly or indirectly, by any means whatsoever, divulge or use for any purpose other than the purposes of CUPE, such confidential information without the prior written consent of an officer of CUPE.

Except under compulsion of the applicable laws or a court of competent jurisdiction, you will not directly or indirectly disclose, divulge, communicate, allow access to, or transfer the confidential information to third parties without the prior written consent of CUPE. In the event you are required to disclose confidential information under compulsion of law, you will give CUPE notice of such requirement so the CUPE can seek a protective order or other remedy and will assist CUPE in taking all steps necessary to narrow the scope of disclosure.

Any violation of the Confidentiality Agreement can result in internal CUPE discipline, up to and including termination of your membership from CUPE, and/or legal action against you personally.

DISCLAIMER: It is the practice of CUPE Local 8920 NOT to distribute or disclose any documents/notes pertaining to its membership to outside entities. Such documents/notes fall under the sole ownership of CUPE Local 8920 and will only be discharged outside of the Local if subpoenaed or ordered through a legal process.

The Grievance Fact Sheet makes notetaking easy!!!!

MEETINGS HELD AND DISPOSITION OF GRIEVANCE

STEP 1 (Insert appropriate level of management)

Date

PERSONS PRESENT

OUTCOME

Signed

STEP 2 (Insert level of Management involved)

Date

PERSONS PRESENT

OUTCOME

Signed

STEP 3

- Within five (5) days from the date the Manager was required to respond, submit the grievance to the Employer’s Senior Director or Executive Director of the Zone. Include proposal settlements (if any) and Step 1, Step 2 responses. Executive Director shall attend a 3rd stage meeting (in person or electronically) and shall reply to the grievance in writing within fifteen (15) days from the date the grievance was submitted to STEP 3.

IMPORTANT:

Copy all grievances at all steps to:

- AREA VP
- Alan Linkletter (Recording Secretary L8920)
cupelocal8920@gmail.com
- CUPE National Representative for your Area

AREA VP emails

Dianne Frittenburg	Area 1 dfritt@icloud.com
Andy Baxter	Area 2 abaxtercrbs@gmail.com
Cheryl Burbidge	Area 3 clb@live.ca
David Myette	Area 4 davidmyette8920@gmail.com
Shannon Goldrich	Area 5 shannon.goldrich@gmail.com
Les Duff	Area 6 lduff500@gmail.com
Joanne Smith	Area 7 joanne quigley@icloud.com
Sherry Seymour	Area 8 sherryseymour40@gmail.com
Michelle LeDrew	Area 8 michellebld@hotmail.ca

If Grievance is NOT Resolved:

- The Area Grievance Committee comprised of the Area VP, assigned Shop Steward, Site Representative and CUPE 8920 President will recommend to the Executive Board that a grievance be referred to arbitration, settled or withdrawn. (See Template ‘B’)

ONLY THE EXECUTIVE BOARD CAN APPROVE A GRIEVANCE FOR ARBITRATION

- If the decision of the Executive is to arbitrate the grievance, the CUPE National Representative will move the grievance to Arbitration and notify the Employer and copy the respective Area VP, Local 8920 Recording Secretary and CUPE 8920 President on any formal correspondence
- If the decision of the Executive is NOT to arbitrate and either settle or withdraw, it can be done so at any point with the support of the Grievor.

Grievance Mediation

If through the grievance process a satisfactory settlement cannot be reached, both parties can jointly agree to submit the issue to Department of Labour & Advanced Education’s Grievance Mediation Program. It is a voluntary program. It is non-binding so if either side is not satisfied the grievance can still move to arbitration. Grievance Mediation is generally facilitated by the CUPE National Representative.

The Grievance Fact Sheet offers useful information in your process!

CHECK LIST

FOR GRIEVANCE INVESTIGATION, HAVE THESE POINTS BEEN COVERED AND ENTERED ON THE FACT SHEET?

DISCIPLINE AND DISCHARGE

1. Previous work record.

2. Complete record of events leading to discipline.

3. An account of the incident resulting in discharge or reprimand.

4. Management's reason for its action.

5. Past practice in similar cases.

6. Supervisor's name, etc.

7. Name of witnesses, etc.

8. Dates and times (important to case).

VACATIONS

1. Time requested.

2. Time allotted.

3. Seniority.

4. Number of Employees in work group.

5. Employer's reasons for denial of request.

6. Names of other employees involved.

7. Seniority and classification of other employees involved.

TRANSFER
(Denial of)

1. Grievor's seniority and classification.

2. Department requested.

3. Name of new employees hired.

4. Date of request for transfer.

5. Availability of replacement for Grievor.

6. Supervisor's reasons for not agreeing to transfer.

HARASSMENT

1. Incident: Date, time, place.

2. Kind of harassment: personal, racial, sexual.

3. Consequences: promotion denied, position downgraded, unfair discipline.

4. Health effects: mental and physical.

5. Identify harassment source: Supervisor, Departmental Head or Co-worker.

6. Identify Witnesses: Co-workers and others.

7. Is this a repeated incident?

8. Has it been drawn to management's attention before?

OVERTIME
(regular)

1. Date and shift overtime was scheduled.

2. Classification scheduled for overtime.

3. Grievor's classification.

4. Name and classification of employee who worked.

5. The actual work that was performed.

6. Previous record of overtime distribution.

7. Last time Grievor worked overtime.

8. Number of accumulated hours of overtime for Grievor (and others).

9. Supervisor's reasons for not asking Grievor to work.

IMPROPER LAYOFF
(or Recall)

1. Employer-wide seniority of Grievor.

2. Bargaining-unit seniority of all involved.

3. Departmental seniority of all involved.

4. Classification or group seniority of all involved.

5. Type of work to be performed.

6. Previous experience of all concerned.

JOB POSTINGS
(Unsuccessful Applicant)

1. Grievor's classification and seniority.

2. Grievor's experience and previous jobs.

3. Name, classification and seniority of successful applicant.

4. Experience and previous jobs of successful applicant.

5. Management's reasons for rejecting the Grievor.

6. Management's reasons for choosing the successful applicant.

OVERTIME
(Statutory Holidays)

1. Same as regular overtime.

2. Identify Statutory Holidays involved.

3. Verify that Grievor qualified for holiday pay.

4. Verify that Grievor was willing to work.

5. Verify that it was Grievor's turn to work.

6. Verify that supervisor deliberately bypassed Grievor.

SAFETY HAZARDS

1. Name, classification, department of Grievor.

2. An account of the incident.

3. What caused the complaint?

4. Has it been previously reported?

5. What action has management taken?

6. What law or rule is violated?

7. Witnesses: Names, etc.

8. Any injuries.

9. Nature of injury.

IMPROPER PAY
(Work Assignment)

1. Grievor's classification and seniority.

2. Grievor's regular work assignment.

3. Grievor's assignment on day in question.

4. Rate of pay applicable to assignment.

5. Exact work performed by Grievor and instructions from supervisor.

6. Grievor's experience and previous jobs.

7. Management's reason for not paying the higher rate.

SUPERVISORS WORKING

1. Name of person doing work.

2. Type of work performed.

3. Amount of time worked.

4. Area where work was done.

5. Grievor's classification.

6. Availability of Grievor.

7. Supervisor's reason for working.

DISMISSAL FOR INNOCENT
ABSENTEEISM

1. Grievor's attendance record, including reasons for absences.

2. Likelihood of recovery.

3. Any disability requiring accommodation to the point of undue hardship?

DISCRIMINATION
DUTY TO ACCOMMODATE

1. Any discrimination on a prohibited ground?

2. Has the employer identified or made accommodation(s)?

3. Has the union identified possible accommodation(s)?

4. Effect on other members of bargaining unit by any proposed accommodation(s)?

5. Would the collective agreement be violated by any proposed accommodation(s)?

6. Does employer claim that "undue hardship" would result from proposed accommodation(s)?

Note :
If this is a Discharge or Discipline Case:
— Did you ask about any previous record, good or bad, long or short?
— Did you probe any extenuating circumstances, including personal problems of grievor?
— Did you ask about the personal character of all people involved?
— Did you discuss the consequences of the penalty?
— Did you consider whether or not the punishment fits the crime?
— Did you advise the grievor to seek employment while waiting?

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CUPE Local 8920-BYLAWS-Section 8-Grievances

IT IS IMPORTANT TO FILL OUT THE FACT SHEET!!!

EMPLOYER CONTENDS:

Employee record of Conduct (Warnings and/or penalties for lateness, absenteeism, quantity or quality of work, etc.)

Dates

Reasons

Verbal warnings issued: _____

Written warnings issued: _____

Penalties imposed: _____

Any related information: _____

ADDITIONAL INFORMATION

Information Given By Witnesses (print the name of each witness followed by a summary of what each saw and heard; get a signed statement).

[illegible]

Date _____ Signed _____ Witness _____

Date _____ Signature of Steward _____

Signature of Aggrieved Employee: _____

1. Grievances are processed by Shop Stewards in conjunction with the Area Vice President and the Site Representative.
2. Each Area will have an Area Grievance Committee which is responsible to recommend to the Executive Board if the grievance should be referred to arbitration or withdrawn.
3. If supported by the Grievor, the grievance may be withdrawn at any step of the grievance process.
4. If opposed by the Grievor the Executive Board can settle or withdraw a grievance provided the withdraw or settlement is recommended by the Area Grievance Committee.
5. Process is outlined as per CUPE Local 8920 Bylaws.

NOTE: If withdrawing a grievance, see attached template letter.
Which also must be sent to all parties as in filing a grievance.

HOW TO Officially File the Grievance:

INDIVIDUAL GRIEVANCES:

1. Local 8920 Shop Steward or Union Officer files individual employee grievance to the Employee’s Manager/Supervisor and copied to the HR Consultant (HRC)

If sent by email (most common approach):

- Union Rep emails the grievance to the Employee’s Manager and cc’s the email to the appropriate grievance email account below:
EZindividualgrievance@nshealth.ca (Eastern Zone)
NZindividualgrievance@nshealth.ca (Northern Zone)
WZindividualgrievance@nshealth.ca (Western Zone)

If faxed or sent by regular mail:

- Union mails to Employee’s Manager/Supervisor and should be copied to the assigned HRC

POLICY GRIEVANCES:

1. Local 8920 Shop Steward or Union Officer files policy grievance to the attention of the ELR Manager for the Zone or ELR Director (if NSHA wide)

If sent my email (most common approach):

- Union Rep emails the grievance to the NSHA policy grievance email account:
NSHApolicygrievance@nshealth.ca

If faxed or sent by regular mail:

- Union should send to the ELR Manager for the Zone or the ELR Director (if NSHA wide)

WHAT HAPPENED? WHAT IS THE GRIEVANCE ABOUT? (make sure to include all points mentioned on the checklist for each type of grievance)

WHEN DID THE GRIEVANCE OCCUR? (date and time grievance began? how often? for how long? is it within time limits to proceed with a grievance?)

WHERE DID THE GRIEVANCE OCCUR? (exact location – department, machine, aisle, job number, etc; include diagram, sketch or photo if helpful)

WHY IS THIS A GRIEVANCE? (violation of contract? supplement? law? past practice? safety regulations? rulings or awards? unjust treatment? etc.)

WANT GRIEVANCE SETTLED AND REDRESS IN FULL (adjustments necessary to completely correct situation; in case of discharge ask for back pay)

GRIEVANCE FACT SHEET
FOR THE UNION ONLY

To be filled out by the Steward and attached
to the UNION COPY ONLY of Grievance No: _____ Local _____

PLEASE PRINT

WHO IS INVOLVED IN THE GRIEVANCE?

GRIEVOR

Name:	_____
Department:	_____
Classification:	_____ Wage Rate: _____
SENIORITY –	Employer-wide (date) _____
	Bargaining-Unit Seniority (date) _____
	Department (date) _____
	Classification (date) _____

SUPERVISOR OR OTHER MANAGEMENT INVOLVED:

Name:	_____
Department:	_____
Job Title:	_____

WITNESSES OR OTHER PERSONS INVOLVED:

Name:	_____
Department:	_____
Classification:	_____

Name:	_____
Department:	_____
Classification:	_____

TEMPLATE 'A'
EXAMPLE: Grievance Advancement Letter

[Insert Date]

Via Email

[Insert name of H.R. Manager]
Manager, Employee and Labour Relations, [Insert Zone]
Nova Scotia Health Authority

Dear [Manager],

RE: Grievance [insert grievance number] – [insert Policy, Union, or member name] – [(insert nature of grievance)]

Please be advised that the Union is advancing the above noted grievance to Step (?) of the grievance procedure.

Please contact me at your earliest convenience to arrange for a meeting time and location.

Sincerely,

[Insert name and sign]

cc Bev Strachan – President CUPE Local 8920
Alan Linkletter – Recording Secretary CUPE Local 8920
Area CUPE National Representative

TEMPLATE 'B'

[Insert Date]

Via Email

[Insert name of H.R. Manager]
Manager, Employee and Labour Relations, [Insert Zone]
Nova Scotia Health Authority

Dear [Manager],

RE: Grievance [insert grievance number] – [insert Policy, Union, or member name] – [(insert nature of grievance)]

Please be advised that the above noted grievance is hereby withdrawn on a
“without prejudice and without precedent basis”.

Thank you for your time and consideration in this matter.

Sincerely,

[Insert name and sign]

cc Bev Strachan – President CUPE Local 8920
Alan Linkletter – Recording Secretary CUPE Local 8920
[list member or other steward as appropriate]
Area CUPE National Representative

The Grievance Form and Fact Sheet can be found at:
[**https://cupe.ca/grievance-fact-sheet**](https://cupe.ca/grievance-fact-sheet)



GRIEVANCE FORM FORMULAIRE DE GRIEF

Case No. _____ Local No. _____
 No. du dossier _____ No. de Section locale _____

Employer _____
 Employeur _____

Employee _____
 Employé(e) _____

Department _____
 Département _____

Supervisor _____
 Superviseur(e) _____

Classification _____

Employee # _____
 No de l'employé(e) _____

Seniority date _____
 Date d'ancienneté _____

TO _____
 À _____

Phone # (H) _____ (W) _____
 No. de téléphone (R) _____ (B) _____

Grievance Level 1 ☐ 2 ☐ 3 ☐ Other ☐ _____
 Niveau de grief Autre _____

Address _____
 Adresse _____

I/We the undersigned claim that _____
 Je/Nous soussigné(es) affirmons que _____

Therefore I/we request that _____
 Donc je/nous demandons que _____

Signature of employee(s) and/or union officer _____
 Signature de l'employé(e) ou des employé(e)s et/ou d'un(e) dirigeant(e) syndical(e) _____

Grievor _____ Date _____
 Plaignant(e) _____

Union officer _____ Date _____
 Dirigeant(e) syndical(e) _____

L6 – Sept 2007 (over) (verso)