

# Central Rights Funding Request Form

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**HOSPITAL:** \_\_\_\_\_ **UNION:** \_\_\_\_\_  
(Including Local #)

**CONTACT NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

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## SUMMARY OF GRIEVANCE:

(Provide as much detail as possible. Use additional pages if necessary.)

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## UNION POSITION:

(Provide as much detail as possible. Use additional pages if necessary. Please include remedy sought.)

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Has this grievance been filed under Section 49 of the Labour Relations Act Yes  No  (If YES, please attach)

What articles and/or legislation are being grieved? \_\_\_\_\_

Does this grievance involve any local provisions? Yes  No  If YES, please list: \_\_\_\_\_

Has this grievance been referred to arbitration? Yes  No  (If YES, please attach)

Has there been any procedural irregularities associated with this grievance? Yes  No  (If YES, please attach)

(e.g. failure to comply with time limits or follow proper steps in the grievance/complaint process or a lack of information provided regarding grievance.)

Has the union submitted their suggested arbitrators? Yes  No  (If YES, please attach documentation)

Please submit the following additional information along with this form:

- 1) Copy of the grievance(s);
  - 2) The letter referring this matter to arbitration;
  - 3) Factual background information (e.g. the manner in which the hospital has applied the collective agreement; specific actions taken by hospital; past practice, statements made by the grievor, union representative, or hospital that bear on this issue);
  - 4) Notes from the grievance meetings, and investigation meeting notes;
  - 5) Any other materials or information that is pertinent to this grievance(s), including those noted above.
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**Please fax completed form along with additional information to:**

**HOSPITAL EMPLOYEE RELATIONS SERVICES**  
**ONTARIO HOSPITAL ASSOCIATION**  
**(416) 205-1390**