



AUTHORIZATION FOR UNION REPRESENTATION

I, _____ authorize the Union of Northern Workers, and its representatives,
(Full name of grievor)

to serve as my representative, seek information on my behalf, and take reasonable action to resolve my dispute and make me whole regarding:

Employer: _____ Department: _____

Signature of Griever

Name of Griever

Date

PERSONAL CONTACT INFORMATION

Legal Name: _____ Personal email: _____

Primary phone: _____ Secondary phone: _____

Home Address: _____

IMPORTANT NOTICE TO GRIEVER

I, _____ confirm that I have read the below and that I agree that:
(Full name of grievor)

Until this grievance/dispute is resolved or withdrawn, I commit to providing the Union of Northern Workers (the Union) with my current **personal contact information**, and to update my personal contact information if it changes, to allow the Union the ability to represent this grievance/dispute on my behalf.

I understand that the Union will not proceed with my grievance/dispute if they are unable to reach me, and that if the Union is unable to reach me after reasonable efforts to do so, I give the Union my express permission to withdraw this grievance/dispute regardless of the stage of the grievance/arbitration process.

I therefore obligate myself to inform the union of my current whereabouts, any changes as they arise, and to provide all required documentation; when I fail to do so, I risk my grievance/dispute being withdrawn and thereby lose any claims I may have about the issue(s) grieved.

I understand that Union representation does not oblige the Union to bring the matter before an arbitrator; the Union may at any point, at its discretion, choose to withdraw its support of my grievance. Decisions regarding the support of my grievance/dispute will be communicated to me by the Union in writing.

I also agree that I absolve the Union of any liability from the act of withdrawing my grievance/dispute under these terms and that I will bring no claim against the Union or its representatives for withdrawing the grievance/dispute.

Signature of Griever

Name of Griever

Date

Signature of Witness

Name of Witness

Date