



Request to Amend Data on UNIFOR 5555 Seniority List

Please complete the following information and return to The Seniority Appeals Committee, UNIFOR Local 5555 office, GH-B111, Central Campus, 1280 Main St. W., Hamilton ON L8S 4L8. Please attach all supporting documentation to this form. (Photocopies are acceptable).

Name:	Employee I.D. Number:
Date on Seniority List:	Current Job Title:
Current Department:	Campus Address:
Telephone Ext.:	E-mail:
Supervisor's Name & Title:	

Please complete the following information for the time period being appealed.

If the details do not fit in the space below, please supply on supplementary page(s)

Actual Employment Start Date and End Dates for each job or period of work:
Explain any gaps in time, if any [e.g. sessional breaks]
Average hours worked per week:
Position:
Supervisor's Name & Title:
If research related, name of research project:

Please check off which of the following documents you are attaching to this form:

- Letter of Appointment
- Pay Stubs
- Letter from Supervisor outlining start and end dates, average hours per week, account number, position, etc.
- Time Sheets
- T4/T4A slips
- Other (please specify): _____

If the Employee cannot supply satisfactory evidence, UNIFOR Local 5555 cannot process the appeal.