Da	te:	VECTIC ATION FORM	
Na		IVESTIGATION FORM	
		Phone: Employer:	
		Seniority Unit:	
		Status: (Regular or Casual):	
		Under 7 Days:	
		How many hours were offered?	
Wi	ndow (e.g.: 8 - 6) Days of Work (e.g.: -	Tuesday – Saturday)	
Ca	sual Availability:		
Sp	pecifics of Complaint		
1.	Date(s) that you were not given your weekly pos	sted hours.	
2.	Date(s) and times of gaps.		
3.	Name of supervisor you spoke to and the date(s) you talked to him/her regarding lack of hours or had gaps in your schedule.		
4.	Attach copies of schedule(s) if possible (please delete client's names), or write down your schedule for the day(s)/week(s) in question. (e.g.: October 23, 9 - 11 – Mr. S., 11 - 1 Mrs. D., etc.)		
5.	List any days that you were not available to work and the reason (e.g.: LOA, sick day, turned down we employer left message on answering machine, etc.)		
Sig	gnature:		
		Steward once you have completed the form. for your records!	
Inv	vestigation – Employer to Complete		
Ар	proved:	Denied:	
<u> Hc</u>	ours Adjustment sent to Payroll:		
Da	te:Signed: Employer:	Union:	
		(If applicable)Voicemail to employee informing investigation complete	

