



GRIEVANCE WITHDRAWAL FORM

OPSEU FILE # (if known) : _____

DATE (date on grievance form) : _____

TO: ONTARIO PUBLIC SERVICE EMPLOYEES UNION

FROM: _____ (Name and Local #)
please print

I wish to withdraw my grievance against my Employer,

dated _____ and hereby instruct the Ontario Public Service Employees Union to
take no further action into this matter

Signature: _____

Contact phone # _____