



Authorization for Access to Personnel Files

To be filled out by Grievor.

Date: _____

To Whom it May Concern:

This is to authorize the Union of Northern Workers, and its representatives, to access my personnel file(s), and to make copies of any and all relevant documents in said file(s), that they deem fit.

Printed Name

Signature

Department/Employer

Authorization for Union Representation

To be filled out by Grievor.

Date: _____

To Whom it May Concern:

This is to authorize the Union of Northern Workers, and its representatives. To act on my behalf regarding my dispute(s) with:

And to take any action they deem fit in representing me.

Printed Name

Signature

Department/Employer