**Checklist for 699 Leave Grievances**

The PSAC encourages, when possible, resolving an issue at the source – with the affected parties and as early as possible. Should an early resolution not be achieved, a complete case file is required in order to facilitate effective representation.

Please use this checklist to collect information on the issue or problem related to 699 Leave.

1. **THE PARTIES**
2. **Union Representative**

Name:

Address:

Phone:

Email:

Fax:

Component/DCL:

Local:

1. **Grievor(s)/Complainant(s) (If more than one, attach list with name, address, etc for each)**

Name:

Home Address:

Work Address:

Phone (Home):

Phone (Work):

Fax:

Email (Personal):

Email (Work):

Bargaining Unit:

Classification:

Employer or Department:

Branch or Section:

1. **Employer Representative or Immediate Supervisor**

Name:

Title:

Telephone:

Email:

What is the relation to the grievor/complainant:

1. **FACTS OF THE GRIEVANCE/COMPLAINT**

**Why is this considered to be a grievance or a complaint?** Include the article of the collective agreement or section of the legislation, if applicable.

*Example: The Employer’s refusal to grant “699 leave” with pay, when I was unable to work regular hours due to childcare responsibilities related to COVID-19, is in violation of Article 53.01 of the Program and Administrative Services (PA) Collective Agreement.*

**Details.** Please provide details of the grievance or complaint and a chronology of events if necessary.

1. **What** occurred?
2. **Who** is involved (who communicated and/or made the decision)?
3. **When** did the act or omission occur (times and dates of the leave request and decision to deny)?
4. **Where** did the act or omission occur (location, department and section)?
5. **Which** Province does the grievor(s)/complainant(s) reside in?
6. **Which** Province does the grievor(s)/complainant(s) work in?
7. **Why is the** grievor(s)/complainant(s) unable to return to work and what are the reasons for requesting 699 Leave (lack of childcare options, safety and/or health risk concerns due to COVID-19, parenting responsibilities associated with family status, caring for/living with immunocompromised family member etc. Please provide as many details as possible)?
8. **Has** the grievor(s)/complainant(s) explored childcare options (or options that would allow for a safe and accessible return to work)?
9. **Was** the grievor(s)/complainant(s) successful in finding childcare options (or options that would allow for a safe and accessible return to work)?
10. **What** questions did the Employer ask in order to reach their decision, which gave rise to this grievance/complaint?
11. **Did** the Employer require that thegrievor(s)/complainant(s) return to work? If so, when?
12. **Did** thegrievor(s)/complainant(s) refuse to return to work? If so, when?
13. **What** type of documents did the Employer ask for or rely on in order to reach their decision, which gave rise to this grievance/complaint(medical, health advisories, school/daycare directives etc.)?
14. **How** did the Employer respond to the leave request(written response/emails)?
15. **Any other related documents** (title, source, when received)?
16. **What** is the current status ofthegrievor(s)/complainant(s) (working from home, working at the workplace, on leave without pay etc.)?
17. **Corrective action requested** This should place the grievor(s) or complainant(s) in the same position in which they would have been, had the incident not occurred. (Do not forget to request that the grievor(s) be made whole).
18. **Human rights related grounds-** if there are human rights related grounds associated with this complaint or grievance, please ensure you provide details.

*Example: the Employer’s decision/act is in contravention of section 7 of the Canada Human Rights Act based on family status, sex, and disability.*