



Grievance Withdrawal Form

OPSEU File # (if known): _____

Date (date on grievance form): _____

To: Ontario Public Service Employees Union

From: (Name and Local #) _____

I wish to withdraw my grievance against my employer.

Dated: (mm/dd/yyyy) _____

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

Signature: _____

Contact Phone #: _____