

NATIONAL WORKERS UNION/ CARIMAN LTD.
REFERRAL FORM

NAME: DEPARTMENT:

ACTION TAKEN BY SHOP STEWARD(S)

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ACTION TAKEN BY COMPANY

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THIS FORM WAS SUBMITTED TO THE UNION FOR ACTION

On..... at
(Date) (Time) (Union Official)

.....
Aggrieved Member's Signature Shop Steward

This form should be completed in triplicate. One copy should be issued to Management, one to the NWU and the other kept on file by the Shop Steward.