



# Royal City

CUPW Local 740

**FULL/PART/TEMP STAFFING INVESTIGATION FORM ART 17.04 & 17.06**

LAST NAME	[REDACTED]	CLASSIFICATION	[REDACTED]
GIVEN NAME	[REDACTED]	SHIFT - FROM	[REDACTED] TO [REDACTED]
ADDRESS	[REDACTED]	EMPLOYEE TYPE	[REDACTED] FULLTIME
CITY	[REDACTED]		[REDACTED] PART TIME
PROVINCE	[REDACTED]		[REDACTED] TEMPORARY
POSTAL CODE	[REDACTED]		
HOME PHONE	[REDACTED]		
CELL	[REDACTED]		

SENIORITY DATE (MM/DD/YY) [REDACTED] DEPOT LOCATION [REDACTED]

CPC EMPLOYEE ID [REDACTED] DATE OF INVESTIGATION [REDACTED]

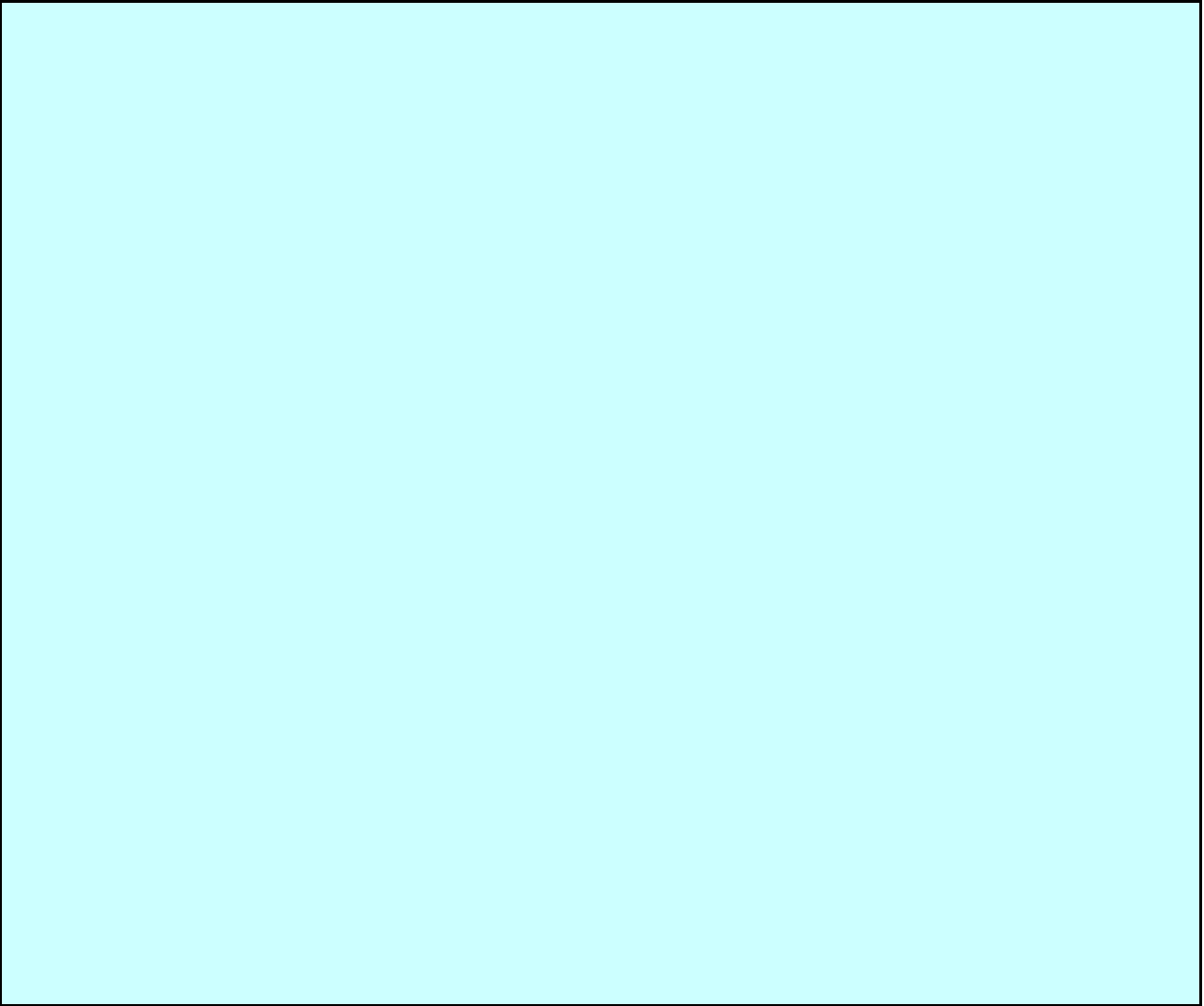
EMAIL [REDACTED]

MONTH/YEAR [REDACTED]

	WEEK 1		WEEK 2		WEEK 3		WEEK 4	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								

PLEASE DESCRIBE IN YOUR OWN WORDS WHAT YOUR STAFFING DISCREPANCY IS.  
IF YOU NEED MORE SPACE FOR FURTHER COMMENTS, USE ANOTHER STAFFING INVESTIGATION COMMENT FORM.

**STAFFING INVESTIGATION COMMENT FORM**

A large, empty rectangular box with a black border, intended for writing comments. The box is filled with a light blue color, suggesting it is a placeholder for text or a comment area.