

APPENDIX “B”
Reimbursement for Benefits and Pay Complaint Form

General Information

Employee Name:	
Employee #:	
Department/Division:	
Position:	
Supervisor:	

Eligibility

1. Were you a UNW member between July 15 th , 2017 and December 15, 2023?	Yes	No
2. Did you miss pay or reimbursement for benefits between dates of July 15 th , 2017 and December 15, 2023?	Yes	No
3. Did you raise the issue with the Employer (e.g. through helpdesk or directly to your supervisor)?	Yes	No
4. Was the amount missed:		
In the case of pay, 20% or more of your gross pay for that pay period?	Yes	No
In the case of an Allowance or Benefit, \$450 or more?	Yes	No
In the case of Overtime, overtime compensation of 20% or more?	Yes	No

Claim

Date(s) payment missed* (dd/mm/yyyy)	Date issue raised with Employer (dd/mm/yyyy)	Date payment received (if applicable) (dd/mm/yyyy)	Missed Payment amount (\$)	Brief description of the Issue/type of payment missed

If possible, please submit a copy of the pay stub where you missed pay and the pay stub where you were reimbursed for the amount missed.

*Required field