**Regular Part-time (RPT) Support Staff**

**Seniority Dispute Form**

**Employee information:**

|  |  |
| --- | --- |
| **Employee Name:** | **Empl ID:** |
| **RPT Position Title:** | **Department/School:** |

**SENIORITY DATES:**

|  |  |
| --- | --- |
| **Published Seniority Date:** | **Requested Seniority Date:** |

**SUPPORTING INFORMATION:**

By requesting the College to review your seniority date, you have agreed to provide the College with details which supports the revised seniority date you are requesting. You may attach additional documentation to this form, if necessary.

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**EMPLOYEE AUTHORIZATION:**

With my signature, I acknowledge that I have requested Fleming College to review my Regular Part-time Support Staff seniority date based upon the supporting information that I have provided above.

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 Employee Signature Date

**FOR COLLEGE USE ONLY:**

⃝ No Change to Seniority Date

⃝ Seniority Date Revised To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Review Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_