

## LABOUR RELATIONS FILE TRANSFER

То:	From:
Local:	Facility:
Date Transferred:	
Regarding:	
This file contains the following information (only check those which apply):	
<u> </u>	(only effect those which apply).
Copy of Member Issues Form	
Copy of Labour Relations (LR) Fact Sheet	
Meeting minutes and/or documentation from meeting	
Policies	
Personnel file information	
☐ Rotations	
Postings	
☐ Seniority lists	
☐ Witness investigation interview not	res
Professional association communication	
☐ Incident reporting forms, Work Situation Reports	
Other relevant documentation:	
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**NOTE:** Remember to keep a copy of all supporting information and/or documentation for the Local file.

<sup>\*\*\*</sup>If in doubt, send information to ERO for review

<sup>\*\*\*</sup>Maintain HIPA – do not send patient identifying information