

# HOLIDAY PAY CASE FORM

FOR MEMBERS, REPRESENTATIVES, BRANCHES & REGIONS

UNISON

FOR REGIONAL OFFICE USE ONLY

## Notes to help you complete this form

Please read the notes overleaf before completing the Case Form. Answering all of the questions now will ensure that the UNISON representative has enough information to advise and assist, and will avoid any delays. The completed Case Form will also help UNISON monitor casework support to members and if need be, decide if there is a legal claim.

Sections of the form need to be completed by either the member or the representative assisting the member. Other sections must be completed by the representative, and by a senior branch officer or the branch secretary.

If assistance is needed from an organiser, it is essential that all sections of the Case Form have been completed before it is forwarded to the regional office.

---

## **A Conditions for providing assistance**

1. UNISON seeks to ensure that members are provided with the best possible advice and assistance to achieve a satisfactory outcome to matters of grievance and discipline. UNISON will determine the most appropriate representative for your case. This may mean reallocating the case at a later stage and you will be informed of any such decision.
2. UNISON representatives and members are expected under UNISON rules to treat one another with respect. Failure to do so by a UNISON representative will entitle you to make a complaint in accordance with UNISON's Complaints Procedure:  
[http://www.unison.org.uk/upload/sharepoint/Policies/COMPLAINTS\\_PROCEDURE.pdf](http://www.unison.org.uk/upload/sharepoint/Policies/COMPLAINTS_PROCEDURE.pdf). Failure by you to treat your representative with respect may lead to support being withdrawn from you.
3. At all times, action taken on your behalf will be on the basis of agreement reached between you and your representative about the best way UNISON can assist you. Throughout the procedure you will be kept informed and no decision will be made without first consulting you. Should you decide at any point not to accept the advice of your UNISON representative then you are free to proceed without UNISON assistance. Please inform UNISON if you no longer require UNISON's assistance in these circumstances.
4. The fee advance and Early Conciliation agreement must be signed if a potential legal claim is identified. UNISON supports claims to an Employment Tribunal, where a legal claim has been assessed by our solicitors as having reasonable prospects of success.
5. Until UNISON or its solicitors confirms in writing that it is acting for you in a legal claim, any responsibility for lodging a claim in an Employment Tribunal or Court (including County Courts, Sheriff Courts and appeal Courts) is yours alone.
6. UNISON representation is provided on the understanding that UNISON is your sole representative. UNISON cannot be held responsible for any costs or expense incurred if you have opted out from UNISON assistance or if UNISON representation has been withdrawn. Nor will UNISON be responsible for providing assistance in respect of any appeal or higher level hearing against a decision arising from representations made after you have opted out from UNISON assistance or after UNISON assistance has been withdrawn.
7. You are expected to cooperate with your representative by being honest and frank about any allegation against you and in respect of any grievance you have. Your representative can only assist you if they are in possession of the full facts. Failure to cooperate can lead to UNISON support being withdrawn.
8. You must notify your representative immediately if your circumstances change or if any new information comes to light regarding your case.
9. You must ensure that your personal and financial information is accurate and up to date at the time that you apply for assistance. You must also confirm that your UNISON subscriptions are up to date. If you have given information which is misleading UNISON has the right to withdraw support.
10. In the event of UNISON support being withdrawn you have the right to appeal to your branch secretary in the first instance unless notified otherwise.

11. You must remain a member of UNISON throughout any period during which UNISON is providing advice and assistance to you. This means that if you are unemployed by reason of dismissal or redundancy you must pay a UNISON subscription at the Unemployed Member's rate; if you gain new employment within or outside of the areas of UNISON organisation you must maintain a UNISON subscription according to your earnings band as set out in Schedule A of the UNISON Rule book.
12. UNISON reserves the right to use the details of your case and outcome in publicity, case study or learning materials, subject to your name only being used with your permission.

---

## **B For the member**

1. In all cases you must complete sections 1-14.
2. It is essential that all these sections are completed. All the information requested should be readily known to you, or is shown on your pay slip. If you have any difficulty in answering any of the questions, your UNISON representative should be able to assist you.
3. **Section 4** If you have a disability which may impact on the way in which a UNISON representative would assist you, and you can identify specific needs (for example palantype, large print, or mobility needs for meetings) please indicate.
4. **Section 5** If you identify with UNISON's self-organisation and have a colleague who you would like to accompany you to meetings with your UNISON representative or with the employer, please give details.
5. **Section 6 must be completed.** If an Employment Tribunal claim needs to be made you are required to provide this information on the form.
6. **Sections 7 - 8** should only be completed if they are relevant to your case.
7. **Section 12** complete this section if you have received representation outside of UNISON or you have triggered the ACAS Early Conciliation procedure.
8. **Section 13 Fee Advance and Early Conciliation Agreement** Please read the notes **A Conditions for providing assistance** before signing this section. You should only sign this section if you agree to all the terms in relation to the fee advance and early conciliation. You should hand the original to your representative and ask that you be given a copy. You should keep this in a safe place for future reference. It is a binding agreement between you and UNISON.
9. **Section 14 Declarations** Please sign if you agree to all the terms in this agreement between you and UNISON.
10. **When you have completed the form** give it to your UNISON workplace representative. If there is no UNISON representative at your workplace, send the form to your branch secretary. UNISONdirect will give you the name and address of your branch secretary – phone 0800 0 857 857.
11. **Please note the Conditions for providing assistance at A above.** You should only sign the declaration in section 14 if you agree to all of these conditions.

12. Please make a copy of the CASE form for your records or ask your workplace representative to make a copy for you.
- 

### **C For the workplace representative**

1. Ensure that the member has completed all relevant sections 1-14, assisting the member where necessary – if needed, you can contact the Member Records staff at your branch or regional office for information.
  2. Explain to the member that any financial information will be treated confidentially and will be necessary if an Employment Tribunal claim has been assessed as having reasonable prospects of success.
  3. In addition, you must complete sections 15-17.
  4. If more than one member is involved, all members will need to complete relevant section 1-14 of a Case Form and you should note on each form the name and workplace of the other members who have a similar claim.
  5. If the completed form has been forwarded to you, then please enter your contact details in the box on the tear-off slip at the back and return that section of the form to the member without delay.
  6. If you should need to refer the case to a more experienced UNISON representative or your branch secretary, please ensure you forward this Case Form, with copies of all documents and correspondence, and a summary of the actions you have taken.
- 

### **D For the branch secretary**

1. If this form has come to you because the member has no workplace representative, please allocate a representative and enter that representative's name and contact details on the tear-off slip at the back of the form, and return that section to the member without delay.
2. If you are seeking assistance from the region, please ensure that all sections of this form are completed and sent to the regional office together with copies of any documents and correspondence which could assist – an incomplete form is likely to be returned to you, causing unnecessary delay in the member's case.
3. You must complete sections 18-22. If there is no workplace representative please also complete sections 15-17.
4. If you think this case may involve an application to an Employment Tribunal, you must complete section 19 (the section on legal claims) and ensure that the member has signed the Fee Advance and Early Conciliation Agreement in section 14 before forwarding this Case Form and relevant information to the regional office immediately.
5. Most claims to the Employment Tribunal have to be lodged within three months less one day of the act, failure to act or incident (eg discrimination, unfair dismissal etc), or some within six months less one day (eg equal pay or redundancy pay). Before a case can be lodged, the ACAS Early Conciliation process must be triggered. This process will be triggered by organisers once the Union's solicitors advise a case has merit. This is because triggering the ACAS Early Conciliation process will affect the limitation deadline ie the date by which a claim must be lodged. <http://www.legislation.gov.uk/uksi/2014/254/made>.

YAS Copy

C/O YAS NHS Trust HQ  
Springhill  
Brindley Way  
Wakefield  
WF2 0XQ

Dear

**Re: Holiday Pay**

I am writing to raise an Issue resolution (grievance) regarding holiday pay. I believe I have been paid incorrectly following my recent holiday on \_\_\_\_\_ (give dates)

I have been advised that a claim for holiday pay may have arisen following recent changes in case law on the calculation of holiday pay under the Working Time Regulations 1998. The decisions have stated that regular additional pay or allowances received by a worker (other than expenses) for work done in addition to their basic pay should be included when calculating the correct holiday pay.

The case law is a change in the legal position in the UK in respect of how holiday pay should be calculated. Before these cases, UK law was clear that holiday pay only included your basic pay and any contractual (i.e. compulsory) payments.

Recent cases state that pay for non-guaranteed overtime, which employees are required to work and which is so regularly required for overtime payments to be normal remuneration, should be included in holiday pay.

I was only paid basic pay whilst on holiday and that does not include the overtime and pay supplements, I have previously received as part of my normal pay. I therefore believe I have been paid incorrectly and would request that my pay is adjusted to take this ruling into account in the future and that I also receive appropriate adjustments for my holiday pay which I have not received over the last two years.

I look forward to hearing from you.

Yours sincerely,



C/O YAS NHS Trust HQ  
Springhill  
Brindley Way  
Wakefield  
WF2 0XQ

Dear

**Re: Holiday Pay**

I am writing to raise an Issue resolution (grievance) regarding holiday pay. I believe I have been paid incorrectly following my recent holiday on \_\_\_\_\_ (give dates)

I have been advised that a claim for holiday pay may have arisen following recent changes in case law on the calculation of holiday pay under the Working Time Regulations 1998. The decisions have stated that regular additional pay or allowances received by a worker (other than expenses) for work done in addition to their basic pay should be included when calculating the correct holiday pay.

The case law is a change in the legal position in the UK in respect of how holiday pay should be calculated. Before these cases, UK law was clear that holiday pay only included your basic pay and any contractual (i.e. compulsory) payments.

Recent cases state that pay for non-guaranteed overtime, which employees are required to work and which is so regularly required for overtime payments to be normal remuneration, should be included in holiday pay.

I was only paid basic pay whilst on holiday and that does not include the overtime and pay supplements, I have previously received as part of my normal pay. I therefore believe I have been paid incorrectly and would request that my pay is adjusted to take this ruling into account in the future and that I also receive appropriate adjustments for my holiday pay which I have not received over the last two years.

I look forward to hearing from you.

Yours sincerely,





6. If the original time limit for bringing an Employment Tribunal claim is less than 28 days away, you must contact the organiser/ Case Unit immediately and mark the form 'Urgent assistance required'. You must inform the member that ACAS pre-conciliation and an Employment Tribunal claim will only be lodged in exceptional circumstances.
7. Where a member has already triggered the ACAS Early Conciliation procedure, or lodged a claim prior to seeking help from the branch, please contact your organiser about next steps, bearing in mind that the organiser may need to obtain legal advice.
8. Please sign the form to confirm that all details on the form are correct and that the member is up to date with UNISON subscriptions.

**HOW TO COMPLETE THIS FORM  
PLEASE COMPLETE SECTIONS**

**1**

**2**

**3**

**4**

**6**

**9**

**19**

**20**

**PLEASE SIGN SECTIONS**

**13**

**14**

**PLEASE SUBMIT 1 ISSUE RESOLUTION  
TO YOUR MANAGER AND LEAVE A  
COPY IN THIS CASE**

## 1. Membership details

Membership Number

0

Please give the date you joined UNISON

## 2. Member's correspondence details

Title	First Name	Initial(s)	Surname
Address 1			
Address 2			
Town/City			
County			Postcode

## 3. Member contact details

Home telephone number	Work telephone number
Mobile telephone number	Work extension number
Home email address	Work email address
Voice/Text number	

## 4. Member personal details

Date of birth  National Insurance Number  Gender  
Male  Female

Do you have a disability? Please state any access needs

Yes  No

**Ethnic origin** (please tick one box only)

- |  |  |                                      |                                      |
|--|--|--------------------------------------|--------------------------------------|
| Bangladeshi <input type="checkbox"/>   | Chinese <input type="checkbox"/>         | Indian <input type="checkbox"/>      | Pakistani <input type="checkbox"/>   |
| Asian UK <input type="checkbox"/>      | Asian other <input type="checkbox"/>     |                                      |                                      |
| Black African <input type="checkbox"/> | Black Caribbean <input type="checkbox"/> | Black UK <input type="checkbox"/>    | Black other <input type="checkbox"/> |
| White UK <input type="checkbox"/>      | Irish <input type="checkbox"/>           | White other <input type="checkbox"/> |                                      |

**5. For members of self-organised groups  
– details of any SOG officer supporting you**

Title	First Name	Initial(s)	Surname
Address 1			
<b>SECTION NOT REQUIRED</b>			
Address 2			
<b>FOR YAS</b>			
Address 3			
Postcode		Contact telephone	

**6. Member employment details**

Job title/occupation		Payroll Number
Employment commenced		Employment ended
Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>	Casual <input type="checkbox"/>
Fixed Term Contract <input type="checkbox"/>	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>
Job share <input type="checkbox"/>		
Basic hours per week	Basic wage per week £	OR Basic salary per month £
Average take home pay per week £		Average take home pay per month £
Other bonuses or benefits per week £		Other bonuses or benefits per month £

PLEASE SUBMIT 12 MONTHS OF PAYSLEIPS (PHOTOCOPIES) OR 12 PAYSLEIPS

Employer Head Office Name	
YORKSHIRE AMBULANCE SERVICE NHS TRUST	
Address 1	
SPRINGHILL 2	
Address 2	
BRINDLEY WAY	
Address 3	Postcode
WAKEFIELD	WF2 0XQ
Employer's Telephone Number	
0845 124 1241	
Workplace Name	
Address 1	
Address 2	
Address 3	Postcode

**7. Fitness to practice**

(Please complete if member has been reported to their professional body)

Name of registration body

**SECTION NOT RELEVANT IN THIS CASE**

Professional registration PIN number

**8. Disclosure and Barring scheme**

Are you barred from working for either the Disclosure and Barring scheme or Disclosure Scotland?

**SECTION NOT RELEVANT IN THIS CASE**

Barred adults list  YES  NO (please tick box) Barred childrens list  YES  NO (please tick box)

**9. Case details (Please use continuation sheet if necessary)**

Do you receive commission, other supplements, bonuses, overtime pay or pay for additional hours in your pay?  YES\*  NO (please tick one box)

\*If Yes, please specify the type(s) of additional payment

END OF SHIFT OVERTIME, VOLUNTARY OVERTIME,

Do you receive commission, other supplements, bonuses, overtime pay or pay for additional hours in your payments for annual leave (eg if you take a week of annual leave do you get the same level of supplements as if you had worked)?  YES\*  NO (please tick one box)

\*If Yes, when did you start receiving these payments?

Date

**ONLY INCLUDE HOLIDAY ALREADY TAKEN**

What date does your leave year start?

1st April 2016

What date does your leave year finish?

31st MARCH 2017

On which dates have you taken annual leave in the current leave year?

**PLEASE SHOW AS HOURS TAKEN**

First day of leave

Last day of leave

Total days taken

First day of leave

Last day of leave

Total days taken

First day of leave

Last day of leave

Total days taken

First day of leave

Last day of leave

Total days taken

First day of leave

Last day of leave

Total days taken

First day of leave

Last day of leave

Total days taken



**10. Is there anyone else with a similar claim?**

Is there anyone else with a similar claim?

YES\*

NO (please tick box)

Check with other colleagues in the department or your workplace representative to see if anyone else has a similar claim

\*If Yes, please state the name of the other person or persons and their workplace address

Title	First Name	Initial(s)	Surname
-------	------------	------------	---------

Address 1 **YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION**

Address 2

Address 3

Postcode

Contact telephone

Title

First Name

Initial(s)

Surname

Address 1 **YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION**

Address 2

Address 3

Postcode

Contact telephone

**UNISON ARE ACTIVELY ENCOURAGING ALL MEMBERS TO SUBMIT A CLAIM SO PLEASE ENCOURAGE YOUR COLLEAGUES**

**11. What would be a solution to your problem?**

*please say how you want UNISON to help you*

I WISH FOR UNISON TO COMMENCE EMPLOYMENT TRIBUNAL PROCEEDINGS TO OBTAIN FOR ME ANY MONIES I AM OWED FOLLOWING THE LOCK V'S BRITISH GAS TRADING LTD APPEAL RULING.

**12. Other actions?**

Has anyone other than UNISON advised or acted on your behalf? YES\*  NO  (please tick one box)

\*If YES, please give name and organisation of who has advised/acted and give brief details of advice given or action(s) taken

Name	
Action taken	

b) Have you or anyone other than UNISON triggered the ACAS Early Conciliation procedure?

YES\*\*  NO  (please tick one box)

c) \*\*If Yes to b) when did you trigger ACAS Early Conciliation?

Date

d) \*\*If Yes to b) have you received an ACAS Early Conciliation certificate?

YES\*\*\*  NO  (please tick one box)

e) \*\*\*If Yes to d) when did you receive the ACAS Early Conciliation certificate?

Date

### 13. Fee advance and Early Conciliation Agreement

Please note that this section of the form must be completed by members in England, Scotland and Wales. *It does not apply to members in Northern Ireland.*

**I confirm that should I be granted Legal Assistance by the Union I understand and accept that the Union is authorised to advance Employment Tribunal fees to me on the terms set out below.**

**I agree:**

- 13.1 To accept advances from the Union equal to the Employment Tribunal fees in my case in the event that I am not eligible to make an application for a fee remission or it is rejected.
- 13.2 That these amounts are repayable by me in the event that my Employment Tribunal claim or part of it succeeds to any extent, whether by settlement, compromise agreement, Judgment or otherwise. I, therefore, agree and authorise that all sums recovered in my case will be held by the Union (or the Union Solicitors) to retain (or repay to the Union) the sums advanced and pay the balance to me. I understand that the Union has instructed its solicitors to take all possible steps to recoup these amounts from the defendants and that it also has a discretion to waive all or part of the repayment where it considers appropriate.
- 13.3 That I have complied with the Union's Conditions of Legal Assistance and will continue to do so. I understand that the amounts accepted under 13.1 above are repayable by me immediately in the event that Legal assistance is withdrawn following any failure by me to comply with the Conditions of Legal Assistance.
- 13.4 That I have not triggered the ACAS Early Conciliation procedure, and I understand that it is a condition of my representation that I do not trigger the ACAS Early Conciliation procedure\*.
- 13.5 I authorise UNISON to make representations on my behalf to ACAS under the Early Conciliation scheme. When UNISON triggers the ACAS Early Conciliation procedure, and ACAS call me, I will inform them that they should speak to the person from UNISON named in the letter to me from UNISON, normally my organiser.

I acknowledge the conditions above and that the Employment Tribunal fees remain my personal liability and that the Employment Tribunal fee advance will be paid direct to the Employment Tribunal on my behalf.

Signature of member

Date of member's signature

X

***\*If ACAS Early Conciliation has been triggered, the branch must contact the organiser for advice on how to proceed.***



## 14. Declarations

I confirm and agree to the conditions of assistance set out in this Case Form. I confirm I have retained a copy for my own future reference. I understand and agree specifically to the conditions of assistance in respect of the Fee Advance and Early Conciliation Agreement at 13 above\*\*. I confirm and agree that the information is a true and accurate record. I agree to this information being shared with a third party in respect of any actions in accordance with the Data Protection Act 1998. I understand that no information will be disclosed to any external marketing. I confirm my membership subscriptions are up to date.

Signature of member

Date of member's signature

X

.....  
Signature of branch official (*the person first handling the case*)

Date of branch official's signature

.....  
Name of branch official authorising form (*the person first handling the case*)

Membership number of branch official authorising form

.....  
\*\*Declaration in relation to section 13 applies to members in England, Scotland & Wales only

**15. Workplace representative's details** (i.e. person handling the case)

Membership Number		Title	
First Name		Initial(s)	Surname
Address 1 UNISON OFFICE, SPRINGHILL 1			
Address 2 BRINDLEY WAY			
Town/City WAKEFIELD			
County WEST YORKSHIRE			
Postcode	WF2 0XQ	Position held in branch	

**16. Employer contact** - details of manager you have been dealing with

Name	
Job Title	
Address line 1	
Address line 2	
Town/City	
County	Postcode
Telephone Number	Email

**17. Branch details**

Branch Number/ Code	00000 20118	Service Group	HEALTH
Branch Name UNISON YORKSHIRE AMBULANCE BRANCH			
Address 1 UNION OFFICE, SPRINGHILL 1,			
Address 2 BRINDLEY WAY			
Town/City WAKEFIELD			
County WEST YORKSHIRE			
Postcode	WF2 0QX	Telephone Number	01924 584223

## 18. Details of action taken

If the member's complaint is a grievance matter, please confirm whether the member's complaint has been put in writing to the employer. If not, please explain the reason for not doing so. Otherwise please enter the date of the letter to the employer and attach a copy to this form.

ISSUE RESOLUTION SUBMITTED TO MY LINE MANAGER REGARDING THE HOLIDAY PAY ISSUE AS INSTRUCTED BY MY BRANCH, I HAVE ALSO BEEN INSTRUCTED TO SUBMIT THIS HOLIDAY CLAIM FORM

Date of letter

If the member has been disciplined by the employer, please confirm whether the member has lodged an appeal in writing to the employer. If not, please explain the reason for not doing so. Otherwise please enter the date of the letter to the employer and attach a copy to this form.

Date of letter

## 19. Is there a legal claim?

Is there a legal claim? YES\*  NO  (please tick one box)

WRITE BELOW THE DATE OF THE LAST DAY OF YOUR LEAVE

\*If Yes please give the date of the incident Date and tick one of the options below:

Date

Breach of contract

Unlawful deduction from wages

Holiday pay

Unfair dismissal

Redundancy

Discrimination\*\*

Maternity/pregnancy

TUPE

Trade union detriment

Protective award

Any other (please state)

\*\*If you ticked Discrimination please state the protected characteristic:

Age

Disability

Gender reassignment

Maternity/pregnancy

Race

Religion or belief

Sex

Sexual orientation

Please provide as far as possible the exact dates of any incidents (especially discriminatory incidents) that are alleged to have occurred. (continue on a separate sheet if necessary)

YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

Date

YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

Date

YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

Date

### 20. Action taken by branch secretary and regional assistance required

Most claims to the Employment Tribunal have to be lodged **within three months less one day of the act, failure to act or incident** (eg discrimination, unfair dismissal etc), or some cases within 6 months less one day (e.g. equal pay or redundancy pay).

When was the act, failure to act or incident? (please provide date) **THE LAST DAY OF LEAVE**

When is limitation? (please provide date)

**3 MONTHS AFTER THE LAST DAY OF LEAVE**

Have you contacted your region to determine limitation, especially if you think it might be 28 days or less away?

YES  NO  (please tick one box)

**Remember do not wait for a grievance or disciplinary process, including any appeal procedure (as relevant) to end. Contact your organiser straight away to identify the limitation deadline or inform them IMMEDIATELY BY PHONE if you think limitation is imminent and legal advice is required.**

Please state what action you have taken on behalf of the member what further action you think is needed; give the dates of any forthcoming meetings or hearings. Please attach copies of any relevant correspondence.

## 21. Check List

Has the member completed Section 1? YES  NO  (please tick one box)

If a legal claim has been identified, has this been discussed with the organiser/Case Unit? YES  NO  (please tick one box)

Have you explained the declaration? YES  NO  (please tick one box)

Have you explained the Fee Advance and Early Conciliation Agreement and has the member signed it? YES  NO  (please tick one box)

Have you explained that if the member's case has reasonable prospects of success:

1. UNISON's organisers from the region will trigger the Early Conciliation procedure;
2. That ACAS must be notified about the dispute through their Early Conciliation service before an ET claim can be lodged;
3. Sought authority from the member for their organiser to speak on the member's behalf to ACAS;
4. Explained and agreed with the member that when ACAS calls, the member will ask ACAS to speak instead to their organiser or the person named in the letter confirming representation to the member.

YES  NO  (please tick one box)

Are the following documents attached? (please tick boxes)

PLEASE SUBMIT THIS FORM, 12 MONTHS OF PAYSLEIPS COPY OF YOUR ISSUE RESOLUTION

Contract of employment  Dismissal letter  Appeal letter  Grievance letter   
 Disciplinary procedure  Redundancy procedure  Redeployment procedure  Grievance procedure   
 Sickness absence  Disability discrimination policy  ACAS Early Conciliation Certificate (if relevant)

Any other (please give details)

Incomplete information will need to delays and may mean the member loses the opportunity to lodge an Employment Tribunal claim.

## 22. Branch secretary authorisation

Name

Signature

Date of branch secretary's signature

FILE NUMBER

FOR REGIONAL OFFICE USE ONLY

CASE TYPE

SUB TYPE

---

## To be returned to, and retained by, the member

Your case has now been referred to the UNISON representative whose name and contact details are recorded below. Assistance will be provided in accordance with UNISON's scheme for representing members and the conditions outlined overleaf.

If, following your initial discussions, it is agreed that the representative will act on your behalf, any action will normally be done in consultation with yourself. Your representative should keep you routinely informed of any developments, and you should note short periods of non-communication may simply mean that your representative is waiting for someone (for example an employer, a witness) to respond to a letter or message. Please respect that most lay officers are doing a voluntary job in their own time. However, if necessary, please feel free to contact your representative to avoid undue stress to yourself.

The name of your UNISON representative is:

UNISON DUTY OFFICER

### Contact details:

work tel:

01924 584223

mobile:

email:

UNISON@YAS.NHS.UK

workplace address:

UNION OFFICE  
SPRINGHILL 1  
BRINDLEY WAY  
WAKEFIELD  
WF2 0QX