

**UNIVERSITY OF CALIFORNIA
FORMAL CONTRACT GRIEVANCE
NON-SENATE INSTRUCTIONAL UNIT**

Allegations of a violation of the Memorandum of Understanding (MOU) in effect between the University and University Council-AFT must be filed on this form. See the MOU, Article XXXIII. Grievance Procedure, for details regarding the filing of grievances.

GRIEVANT'S NAME, Last, First, Middle Initial	GRIEVANT'S CLASSIFICATION TITLE/WORKING TITLE
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GRIEVANT'S DEPARTMENT/PROGRAM/LOCATION	GRIEVANT'S WORK TELEPHONE
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ADDRESS TO WHICH REQUIRED CORRESPONDENCE IS TO BE SENT TO GRIEVANT

Article(s) and Section(s) of MOU alleged to have been violated.

Action being grieved and manner in which action violated the above cited provisions and adversely affected the grievant.
Please attach any relevant materials.

Date of occurrence or date grievant had knowledge of alleged violation:

REMEDY REQUESTED

IF THE GRIEVANT IS REPRESENTED IN THIS GRIEVANCE, THE FOLLOWING INFORMATION REGARDING THE REPRESENTATIVE MUST BE PROVIDED:

REPRESENTATIVE'S NAME	UC-AFT REPRESENTATIVE YES <input type="checkbox"/> NO <input type="checkbox"/>	REPRESENTATIVE'S TELEPHONE NO.
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REPRESENTATIVE'S ADDRESS (City, State, Zip Code)	UC-AFT GRIEVANCE YES <input type="checkbox"/> NO <input type="checkbox"/>
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GRIEVANT'S SIGNATURE/DATE	REPRESENTATIVE'S SIGNATURE/DATE
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STEP 1-DATE OF MEETING	NAME OF SUPERVISOR	REPRESENTATIVE PRESENT YES <input type="checkbox"/> NO <input type="checkbox"/>
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DATE OF RESPONSE (DUE WITHIN 10 DAYS OF INFORMAL DISCUSSION)	DISPOSITION
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STEP 2 (COMPLETED FORM MUST BE FILED WITHIN 45 DAYS OF OCCURRENCE)

DATE FORM RECEIVED:	DEADLINE FOR RECEIPT:
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DATE OF REVIEW (TO BE HELD WITHIN 10 DAYS OF RECEIPT OF FORM)	NAME OF DESIGNATED CAMPUS OFFICIAL	REPRESENTATIVE PRESENT YES <input type="checkbox"/> NO <input type="checkbox"/>
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DATE OF RESPONSE (DUE WITHIN 15 DAYS OF REVIEW)	DISPOSITION
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STEP 3 DATE OF REQUEST FOR REVIEW (DUES WITHIN 15 DAYS OF RESPONSE TO STEP 2)	MEETING REQUESTED YES <input type="checkbox"/> NO <input type="checkbox"/>
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DATE OF MEETING, IF ANY (TO BE HELD WITHIN 15 DAYS OF REQUEST FOR REVIEW)	REPRESENTATIVE PRESENT YES <input type="checkbox"/> NO <input type="checkbox"/>
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DATE OF UNIVERSITY'S WRITTEN DECISION	NAME OF DESIGNATED UNIVERSITY OFFICIAL
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DISPOSITION

UNIVERSITY USE ONLY

LOCATION	CAMPUS GRIEVANCE NO.	YEAR	% APPOINTMENT	APPOINTMENT END DATE	WERE ANY TIME LIMITS WAIVED? Explain YES <input type="checkbox"/> NO <input type="checkbox"/>
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DATE RECEIVED BY GRIEVANCE OFFICER	DELIVERY METHOD	OUR GRIEVANCE NUMBER
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DATE OF MAILING TO UC-AFT, IF APPLICABLE	DATE UC-AFT RESPONSE DUE	DATE UC-AFT RESPONSE RECEIVED	CAMPUS CONTACT
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COPIES TO GO TO: CAMPUS LABOR RELATIONS, GRIEVANT, UC-AFT, GRIEVANT'S DEPARTMENT, OFFICE OF LABOR RELATIONS