APPENDIX E
GRIEVANCE FORM

UC/UAW
STEP 1
GRIEVANCE FORM

Allegations of a violation of the UC/UAW Agreement covering Postdoctoral Scholars must be filed on this form. See the UC/UAW Agreement for details regarding the filing of a grievance. Forms must be submitted to the Campus Labor Relations Office. Pursuant to section 3567 of HEERA, UC shall not agree to resolution of the grievance until the UAW has received a copy of the grievance and the proposed resolution and has been given the opportunity to file a response. YOU MUST PROVIDE THE INFORMATION MARKED WITH AN ASTERISK (*) IN ACCORDANCE WITH ARTICLE 6, GRIEVANCE AND ARBITRATION, OR IT MAY BE INELIGIBLE FOR FURTHER PROCESSING (Form available at http://atyourservice.ucop.edu/employees/policies_employee_labor_relations/collective_bargaining_units/post_docs/contract_articles/pix-ax-e-grievance-form-112010.pdf).

GRIEVANT’S NAME

LAST
FIRST
MI

GRIEVANCE NUMBER (TO BE COMPLETED BY THE UNIVERSITY)

BARGAINING UNIT CLASSIFICATION TITLE* (e.g. Postdoctoral Scholar-Employee, Postdoctoral Scholar-Fellow, etc.)

GRIEVANT’S HIRING UNIT/DEPARTMENT*

GRIEVANT’S HOME TELEPHONE NUMBER

NAME OF GRIEVANT’S IMMEDIATE SUPERVISOR, TITLE AND TELEPHONE NUMBER

NON-UNIVERSITY ADDRESS TO WHICH CORRESPONDENCE MAY BE SENT TO GRIEVANT [OR REPRESENTATIVE’S ADDRESS MAY BE USED]*

REPRESENTATIVE’S NAME (IF REPRESENTED)*

REPRESENTATIVE’S ORGANIZATION (IF APPLICABLE)*

REPRESENTATIVE’S NON-UNIVERSITY TELEPHONE NUMBER

REPRESENTATIVE’S MAILING ADDRESS, CITY, STATE, ZIP

TYPE OF GRIEVANCE:

☐ INDIVIDUAL

☐ GROUP [LIST ALL NAMES]

☐ UNION

SPECIFIC ARTICLE(S) & SECTION(S) OF THE UC/UAW AGREEMENT ALLEGED TO BE VIOLATED*

DATE OF ALLEGED VIOLATION(S)*

DATE OF INFORMAL STEP DISCUSSION WITH SUPERVISOR IF ANY

DATE OF INFORMAL STEP RESPONSE, IF ANY

ARE YOU REQUESTING A STEP 1 MEETING

☐ YES ☐ NO

DESCRIPTION OF ALLEGED VIOLATION OF THE AGREEMENT,* PLEASE DESCRIBE IN DETAIL THE FACTS AND CIRCUMSTANCES (INCLUDING DATES) THAT EXPLAIN HOW THE ARTICLE(S) AND SECTION(S) WERE VIOLATED. (ATTACH SEPARATE SHEET OF PAPER IF NEEDED.)

REMEDY REQUESTED*

GRIEVANT’S SIGNATURE

DATE

REPRESENTATIVE’S SIGNATURE (IF REPRESENTED)

DATE
# GRIEVANCE REVIEW – PART 2

<table>
<thead>
<tr>
<th>DATE STEP 1 GRIEVANCE FILED</th>
<th>DATE OF UC DECISION</th>
<th>DECISION ATTACHED</th>
<th>WAS A MEETING HELD?</th>
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**STEP 1 DECISION (ATTACHED SEPARATE SHEET OF PAPER IF NEEDED)**

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# FORM FOR APPEAL TO STEP 2

*Appeals may be filed with Campus Labor Relations Office on this form or in accordance with Article 6, Grievance and Arbitration*

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<th>☐ I DO NOT ACCEPT THE STEP 1 RESPONSE AND I APPEAL TO STEP TWO (STATE SUBJECT BELOW)</th>
<th>GRIEVANT’S AND/OR REPRESENTATIVE’S SIGNATURE</th>
<th>DATE</th>
<th>ARE YOU REQUESTING A MEETING?</th>
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**UNRESOLVED ISSUES APPEALED TO STEP 2**

# GRIEVANCE REVIEW – STEP 2

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