

**AFSCME
CONTRACT
GRIEVANCE**

Allegations of a violation of a contract in effect between the University and AFSCME must be filled in on this form. See your contract for details regarding the filing of a grievance. ALL INFORMATION REQUESTED BELOW MUST BE PROVIDED, EITHER PRINTED OR TYPED, BY THE GRIEVANT OR THE GRIEVANT'S REPRESENTATIVE.

GRIEVANT'S NAME		NAME OF GRIEVANT'S IMMEDIATE SUPERVISOR	
CAMPUS/MEDICAL CENTER	DEPARTMENT/DIVISION		WORK TELEPHONE
EMPLOYEE CLASSIFICATION TITLE & BARGAINING UNIT CLASS TITLE: <input type="checkbox"/> SERVICE <input type="checkbox"/> PATIENT CARE TECHNICAL		ADDRESS TO WHICH CORRESPONDENCE MAY BE SENT TO GRIEVANT	
EMPLOYEE EMPLOYMENT STATUS <input type="checkbox"/> CAREER/REGULAR <input type="checkbox"/> PROBATIONARY <input type="checkbox"/> FULL TIME <input type="checkbox"/> CASUAL/TEMPORARY <input type="checkbox"/> PER DIEM <input type="checkbox"/> PART TIME		GRIEVANT'S NORMAL HOURS OF WORK	
IF REPRESENTED IN THIS GRIEVANCE, PROVIDE THE FOLLOWING:			
REPRESENTATIVE'S NAME	REPRESENTATIVE'S ORGANIZATION	REPRESENTATIVE'S TELEPHONE NUMBER	
REPRESENTATIVE'S ADDRESS, CITY, STATE, ZIP CODE			
GRIEVANCE			
TYPE OF GRIEVANCE: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GROUP (LIST ALL GRIEVANTS) <input type="checkbox"/> UNION (MUST BE SIGNED BY THE EXECUTIVE DIRECTOR OR DESIGNEE)		SPECIFIC ARTICLE(S) & SECTION(S) OF THE CONTRACT ALLEGED TO BE VIOLATED:	
DATE RECEIVED			
ALLEGED VIOLATION OF AGREEMENT			
REMEDY REQUESTED			
GRIEVANT'S SIGNATURE	DATE	REPRESENTATIVE'S SIGNATURE	DATE

GRIEVANCE REVIEW - STEP 1

DATE RECEIVED	DATE OF RESPONSE	STEP 1 DECISION TO BE ENTERED BELOW
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STEP 1 DECISION

SIGNATURE OF STEP 1 REVIEWER	PRINTED NAME AND TITLE	TELEPHONE NUMBER
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<input type="checkbox"/> I ACCEPT AND DO NOT APPEAL TO THE SECOND STEP	<input type="checkbox"/> I DO NOT ACCEPT AND APPEAL TO THE SECOND STEP. (STATE REASON BELOW)	GRIEVANT'S SIGNATURE	DATE
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STEP 1 REASON FOR APPEAL

GRIEVANCE REVIEW - STEP 2

DATE RECEIVED	DATE OF RESPONSE	DECISION ATTACHED
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SIGNATURE OF STEP 2 REVIEWER	PRINTED NAME AND TITLE	TELEPHONE NUMBER
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<input type="checkbox"/> I ACCEPT AND DO NOT APPEAL TO THE THIRD STEP	<input type="checkbox"/> I DO NOT ACCEPT AND APPEAL TO THE THIRD STEP. (STATE REASON BELOW)	GRIEVANT'S SIGNATURE	DATE
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STEP 2 REASON FOR APPEAL

GRIEVANCE REVIEW - STEP 3

DATE RECEIVED	DATE OF RESPONSE	DECISION ATTACHED
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SIGNATURE OF DIRECTOR OR DESIGNEE	PRINTED NAME AND TITLE	TELEPHONE NUMBER
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