## FUPOA POLICE OFFICER UNIT GRIEVANCE FORM

Allegations of a violation of the Police Officer Agreement in effect between the University and FUPOA must be filled in on this form. See your Agreement for details regarding the filing of a grievance. PLEASE PROVIDE THE INFORMATION REQUESTED IN ACCORDANCE WITH ARTICLE 6, GRIEVANCE PROCEDURE OF THE POLICE OFFICER UNIT AGREEMENT.

| GRIEVANCE FORW   |                                     |  |   |  |  |  |  |  |  |
|--|-------------------------------------|--|---|--|--|--|--|--|--|
| GRIEVANT=S NAME  |                                     | NAME OF GRIEVANT=S IMMEDIATE SUPERVISOR                                  |   |  |  |  |  |  |  |
|  |                                     |  |   |  |  |  |  |  |  |
|  |                                     |  |   |  |  |  |  |  |  |
| CAMPUS   | DEPARTMENT/DIVISION                 | l  | WORK TELEPHONE                              |  |  |  |  |  |  |
|  |                                     |  |   |  |  |  |  |  |  |
| EMPLOYEE CLASSIFICATION TITLE  |                                     | L NORTHODY ADDORSO T   |   |  |  |  |  |  |  |
| EMPLOTEE CLASSIFICATION TITLE  |                                     | NON-WORK ADDRESS TO WHICH CORRESPONDENCE MAY BE SENT TO<br>GRIEVANT      |   |  |  |  |  |  |  |
|  |                                     |  |   |  |  |  |  |  |  |
|  |                                     |  |   |  |  |  |  |  |  |
| EMPLOYEE EMPLOYMENT STATUS   | [ ]                                 | GRIEVANT=S NORMAL WORK SCHEDULE  |   |  |  |  |  |  |  |
| Career/Regular Probation  Casual/Temporary   | onary Full Time                     |  |   |  |  |  |  |  |  |
| Casua/Tempolary  | Fait Tune                           |  |   |  |  |  |  |  |  |
| IF REPRESENTED IN THIS GRIEVANCE, PROVIDE THE FOLLOWING:   |                                     |  |   |  |  |  |  |  |  |
| REPRESENTATIVE=S NAME  | REPRESENTATIVE=S O                  | RGANIZATION  | ANIZATION REPRESENTATIVE=S TELEPHONE NUMBER |  |  |  |  |  |  |
|  |                                     |  |   |  |  |  |  |  |  |
|  |                                     |  |   |  |  |  |  |  |  |
| REPRESENTATIVE=S ADDRESS, CITY, STATE  | , ZIP                               |  |   |  |  |  |  |  |  |
| ÷  |                                     |  |   |  |  |  |  |  |  |
|  |                                     |  |   |  |  |  |  |  |  |
| TYPE OF GRIEVANCE: INDIVIDUAL  |                                     | SPECIFIC ARTICLE(S) & SECTION(S) OF THE CONTRACT ALLEGED TO BE VIOLATED: |   |  |  |  |  |  |  |
|  | ST ALL GRIEVANTS)                   |  |   |  |  |  |  |  |  |
| · — ·  | ST BE SIGNED BY THE<br>OR DESIGNEE) |  |   |  |  |  |  |  |  |
|  | ,                                   |  |   |  |  |  |  |  |  |
| DATE OF ACTION CAUSING GRIEVANCE   | DATE OF INFORMAL DISCU              | SSION WITH SUPERVISOR  | DATE OF INFORMAL RESPONSE, IF ANY           |  |  |  |  |  |  |
|  |                                     |  |   |  |  |  |  |  |  |
|  |                                     |  |   |  |  |  |  |  |  |
| tempo in character control and the control and |                                     |  |   |  |  |  |  |  |  |
| ALLEGED VIOLATION OF AGREEMENT   |                                     |  |   |  |  |  |  |  |  |
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| REMEDY REQUESTED   |                                     |  |   |  |  |  |  |  |  |
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|  |                                     |  |   |  |  |  |  |  |  |
| GRIEVANT=S AND/OR REPRESENTATIVE=S S   | GNATURE                             |  | DATE  |  |  |  |  |  |  |
|  |                                     |  |   |  |  |  |  |  |  |
|  |                                     |  |   |  |  |  |  |  |  |

## **GRIEVANCE REVIEW -- STEP 1**

| DATE STEP 1 GRIEVANCE RECEIVED BY UC  |   |   | DATE OF UC RESPONS   | F                      |                  | · · · · · · · · · · · · · · · · · · ·  |  |  |  |
|---|---|---|----------------------|------------------------|------------------|--|--|--|--|
| STATES TO STATES AND CALCULATED BY OU   |   |   | DATE OF OUR RESPONSE |                        |                  |  |  |  |  |
|   |   |   |                      |                        |                  |  |  |  |  |
| STEP 1 DECISION   |   |   |                      |                        |                  | The state of the s |  |  |  |
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| SIGNATURE OF STEP 1 REVIEWER  | PRINTED NAME AND TITLE OF STEP 1 REVIEWER |   |                      | R                      | TELEPHONE NUMBER |  |  |  |  |
|   |   |   |                      | ·                      |                  |  |  |  |  |
| ? I DO NOT ACCEPT AND APPEAL THE STEP 1   | GRIEV                                     | ANT-S AND/OD D                                      | EPRESENTATIVE=S SIGI | NATURE                 | T                | DATE   |  |  |  |
| RESPONSE TO THE SECOND STEP (STATE  |   |   | LFRESENTATIVE=3 SIGI | VATURE                 | İ                | DATE   |  |  |  |
| SUBJECT BELOW)  |   |   |                      |                        | İ                |  |  |  |  |
| SUBJECT OF GRIEVANCE AT STEP 2, IF DIFFEREN   | NAHT TI                                   | SUBJECT OF GR                                       | EVANCE AT STEP 1.    |                        |                  |  |  |  |  |
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| •   | GRIE                                      | EVANCE RE   | VIEW STEP 2          | <b>)</b>               |                  |  |  |  |  |
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| DATE STEP 2 APPEAL POSTMARKED/HAND-DELIV  | 'ERED                                     | DATE STEP 2 AF                                      | PEAL RECEIVED BY     | DATE OF UC             |                  | DECISION   |  |  |  |
|   |   | UC  |                      | RESPONSE               |                  | ATTACHED<br>? YES ? NO   |  |  |  |
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| SIGNATURE OF STEP 2 REVIEWER  | PRINTED NAME AND T                        | PRINTED NAME AND TITLE OF STEP 2 REVIEWER           |                      |                        |                  |  |  |  |  |
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| ? I DO NOT ACCEPT AND APPEAL THE STEP 2   | GRIEV                                     | ANT'S AND/OR RE                                     | PRESENTATIVE'S SIGNA | ATURE                  | DATE             |  |  |  |  |
| RESPONSE TO THE SECOND STEP (STATE SUBJECT BELOW)   |   |   |                      |                        |                  |  |  |  |  |
|   | <u> </u>                                  |   |                      |                        |                  |  |  |  |  |
| SUBJECT OF GRIEVANCE AT STEP 3, IF ANY ISSUE(S) OF GRIEVANCE AT STEP 2 HAS BEEN RESOLVED. |   |   |                      |                        |                  |  |  |  |  |
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| GRIEVANCE REVIEW STEP 3   |   |   |                      |                        |                  |  |  |  |  |
|   |   |   |                      | ·                      |                  |  |  |  |  |
| DATE STEP 3 APPEAL POSTMARKED/HAND-DELIV  | ERED                                      | DATE STEP 3 AF                                      | PEAL RECEIVED BY     | DATE OF UC<br>RESPONSE |                  | DECISION<br>ATTACHED   |  |  |  |
|   | I   |   | •                    | TEGI GROE              |                  | ? YES ? NO   |  |  |  |
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| SIGNATURE OF STEP 3 REVIEWER  |   |   | PRINTED NAME AND T   | ITLE OF STEP 3 RI      | EVIEWER          |  |  |  |  |
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