

UNIVERSITY OF CALIFORNIA
LIBRARIAN AGREEMENT
FORMAL GRIEVANCE

Allegation of a violation of the Agreement between the University and the University Council—
American Federation of Teachers, must be filed on this form. See your agreement for details regarding
the filing of grievances.
ALL INFORMATION REQUESTED BELOW MUST BE PROVIDED EITHER PRINTED OR
TYPED.

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|--|--------------------------------|
| Grievant's Name: Last, First, Middle Initial | Grievant's Title/Working Title |
| Grievant's Job Location | Grievant's Work Telephone |
| Address to Which Required Correspondence Shall be Sent to Grievant | |

IF REPRESENTED IN THIS GRIEVANCE, PROVIDE THE FOLLOWING:

| | | |
|---|-------------------------------|-----------------------------------|
| Representative's Name | Representative's Organization | Representative's Telephone Number |
| Representative's Address (City, State, Zip) | | |
| If you are not being represented by the UC-AFT, may we send a copy of this grievance to the Union? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| NOTE: All Step 3 decisions will be sent to the Union. | | |
| TYPE OF GRIEVANCE: <input type="checkbox"/> Individual <input type="checkbox"/> Consolidated <input type="checkbox"/> Union | | |
| If there is more than one (1) grievant, list the name of all grievants: | | |
| Date of occurrence or the date on which the librarian or the Union knew or could be expected to know of the event or action which gave rise to the grievance: ____/____/____. | | |
| Article(s) and Section(s) alleged to have been violated: | | |
| ALLEGED VIOLATION OF AGREEMENT: Set forth the action grieved and how it violated the above stated provisions and how the librarian was adversely affected. | | |
| REMEDY REQUESTED: | | |

NOTE: This form is meant to move back and forth between the grievant or the grievant's representative and the University.

Step 1. Informal Resolution

| | | |
|-------------------------------------|--|--|
| Date of Meeting: ____/____/____ | Date of Oral Response: ____/____/____ | Name of Supervisor or Designated Official: |
| I request a waiver of Step 1: _____ | | State the reason: _____ |
| Signature of Grievant/Date | | Signature of Representative/Date: |

Step 2. Written Grievance

| | | | |
|------------------------------------|------------------------------------|-------------------------------------|-----------------------------|
| Date of Receipt: ____/____/____ | Date of Meeting: ____/____/____ | Date of Response: ____/____/____ | Step 2 Decision: (attached) |
| Signature of Step 2 Official: | | Print Name and Title: | |

Step 3. Appeal

| | | | |
|--|-----------------------------------|------------------------------------|-----------------------------|
| I request a waiver of Step 2. _____ | State the reason: | | |
| _____ I do not accept the Step 2 Decision and am appealing to Step 3. | _____ I request a Step 3 Meeting. | | |
| Basis for Appeal: (State article(s) remaining unresolved—attach additional statement, if necessary.) | | | |
| Signature of Grievant/Date | | | |
| Signature of Representative/Date: | | | |
| Date of Receipt ____/____/____ | Date of Meeting ____/____/____ | Date of Response ____/____/____ | Step 3 Decision: (attached) |
| Signature of Step 3 Official: | | Print Name and Title: | |

Time Limit Extension(s) at any step: (Please attach details)

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|--|------|--|-------------------------------------|
| Location | Year | Reference Number | Consolidation Request Approval Date |
| List the Name(s) and Case Number(s) of Consolidated Grievances, or if not approved, state the reason: | | | |
| Step 1 Waiver Granted: ___ Yes ___ No Date ___/___/___ | | Step 2 Waiver Granted: ___ Yes ___ No Date ___/___/___ | |
| Reason: | | Reason: | |
| Signature of Official: | | Signature of Official: | |
| Step 3 Meeting Requested by the University: ___ Yes ___ No | | | Date of Request: ___/___/___ |
| If grievant is <u>not</u> represented by the Union enter the date Settlement or Step 3 decision was mailed to the union: | | | |