

FORMAL CONTRACT GRIEVANCE  
UNIVERSITY OF CALIFORNIA/  
CALIFORNIA NURSES ASSOCIATION

Allegations of a violation of the Agreement in effect between the University and CNA Must be filed on this form. See your contract for details regarding the filing of grievances.

GRIEVANT'S INFORMATION		
Name: Last, first, middle initial:	Classification Title:	Usual Work Area & Schedule:
		Campus/Medical Center:
Address for Grievance Communication (home)	Work Telephone:	Supervisor's Name:
	Home Telephone:	Supervisor's Work Telephone:
Date of Hire:	Employment Status: <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Variable Time <input type="checkbox"/> Career <input type="checkbox"/> Casual/Temporary <input type="checkbox"/> Probationary <input type="checkbox"/> Per Diem	
Representative's Information		
Name:	<input checked="" type="checkbox"/> CNA Nurse Representative <input type="checkbox"/> Other Representative (Please specify organization)	
Telephone:	<input type="checkbox"/> CNA Labor Representative	
Address: (City, State, Zip Code)		
GRIEVANCE INFORMATION	Type of Grievance: <input type="checkbox"/> Individual <input type="checkbox"/> Group (List All Known Grievants) <input type="checkbox"/> Union	
Informal Meeting Date: None	Step 1 Meeting Date:	
Article(s) and Section(s) of Agreement alleged to have been violated:		Date of Occurrence:
Alleged Violation of Agreement: Action being grieved. (Please attach relevant materials.)		
Remedy Requested:		
Grievant's or Grievant's Representative's Signature/Date:		
Grievance Information - Appeal to Step 2		
Reason for Appeal: <input checked="" type="checkbox"/> All Issues Remain Unresolved <input type="checkbox"/> The Following Issues Remain Unresolved:		
Remedy Requested: <input type="checkbox"/> As Requested in Step 1 <input type="checkbox"/> Amended as Follows:		
Has any information as provided in Grievant's Information, Supervisor's Information or Representative's Information Section changed? If so, please provide new information.		
Grievant's or Grievant's Representative's Signature/Date:		