Appendix C
Grievance Form

NOTICE TO CLERICAL AND ALLIED SERVICES UNIT EMPLOYEES:

- A grievance is a written employee complaint that the University has violated a specific provision of the UC-CUE TEAMSTERS LOCAL 2010 collective bargaining contract. Grievances must be filed on this form.
- A grievance must be filed within 30 days of the date of the alleged violation – or the date you became aware of the alleged violation. If mailed, the date of the US Postal Service postmark is the filing date.
- Step 3 appeals can be filed by a) US Postal service addressed to: Director of Labor Relations, 10th floor, 300 Lakeside Drive, Oakland, CA 94606 in accordance with Article 7.F.3.b.1 or b). by personal delivery in accordance with the requirements of Article 7.F.3.b.2 or c), electronically at: AppealsGrievance@ucop.edu in accordance with the requirements of Article 7.F.3.b.3. If you wish to file a grievance, you are advised to contact your local 2010 union representative. For a list of Local 2010 representatives, see: http://www.teamsters2010.org 1-888 900-8989

Allegations of a violation of the collective bargaining Agreement in effect between the University and CUE TEAMSTERS LOCAL 2010 must be filed on this form. See your Agreement for details regarding the filing of a grievance. PLEASE PROVIDE THE INFORMATION REQUESTED IN ACCORDANCE WITH ARTICLE 7, GRIEVANCE PROCEDURE OF THE COLLECTIVE BARGAINING AGREEMENT.

GRIEVANT'S NAME

NAME OF GRIEVANT'S IMMEDIATE SUPERVISOR

CAMPUS/MEDICAL CENTER/ LABORATORY

DEPARTMENT/DIVISION

WORK TELEPHONE

EMPLOYEE CLASSIFICATION TITLE

NON-WORK ADDRESS TO WHICH CORRESPONDENCE MAY BE SENT TO GRIEVANT

EMPLOYEE EMPLOYMENT STATUS

☐ Career/Regular ☐ Probationary ☐ Full Time

☐ Casual/Temporary ☐ Per Diem ☐ 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

CUE TEAMSTERS LOCAL 2010

REPRESENTATIVE'S NON-WORK ADDRESS, CITY, STATE, ZIP

TYPE OF GRIEVANCE:

☐ INDIVIDUAL ☐ GROUP (LIST ALL GRIEVANTS)

☐ UNION (MUST BE SIGNED BY THE PRESIDENT OR DESIGNEE)

SPECIFIC ARTICLE(S) & SECTION(S) OF THE CONTRACT ALLEGED TO BE VIOLATED:

DATE OF ACTION CAUSING GRIEVANCE

DATE OF INFORMAL DISCUSSION WITH SUPERVISOR

DATE OF INFORMAL RESPONSE

ALLEGED VIOLATION(S) OF AGREEMENT

REMEDY REQUESTED

GRIEVANT'S AND/OR REPRESENTATIVE'S SIGNATURE

DATE

183
### Appendix C
**Grievance Form**

**GRIEVANCE REVIEW – STEP 1**

<table>
<thead>
<tr>
<th>DATE STEP 1 GRIEVANCE RECEIVED BY UC</th>
<th>DATE OF UC RESPONSE</th>
</tr>
</thead>
</table>

**STEP 1 DECISION**

<table>
<thead>
<tr>
<th>SIGNATURE OF STEP 1 REVIEWER</th>
<th>PRINTED NAME AND TITLE OF STEP 1 REVIEWER</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
</table>

**I DO NOT ACCEPT AND APPEAL THIS GRIEVANCE TO THE SECOND STEP (STATE SUBJECT BELOW)**

<table>
<thead>
<tr>
<th>GRIEVANT’S AND/OR REPRESENTATIVES SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>

**SUBJECT OF GRIEVANCE AT STEP 2, IF DIFFERENT THAN SUBJECT OF GRIEVANCE AT STEP 1.**

---

**GRIEVANCE REVIEW – STEP 2**

<table>
<thead>
<tr>
<th>DATE STEP 2 APPEAL POSTMARKED/HAND-DELIVERED</th>
<th>DATE STEP 2 APPEAL RECEIVED BY UC</th>
<th>DATE OF UC RESPONSE</th>
<th>DECISION ATTACHED</th>
</tr>
</thead>
</table>

| YES | NO |

<table>
<thead>
<tr>
<th>SIGNATURE OF STEP 2 REVIEWER</th>
<th>PRINTED NAME AND TITLE OF STEP 2 REVIEWER</th>
</tr>
</thead>
</table>

**I DO NOT ACCEPT AND APPEAL THIS GRIEVANCE TO THE THIRD STEP (STATE SUBJECT BELOW)**

<table>
<thead>
<tr>
<th>GRIEVANT’S AND/OR REPRESENTATIVE’S SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>

**SUBJECT OF GRIEVANCE AT STEP 3, IF ANY ISSUE(S) OF GRIEVANCE AT STEP 2 HAS BEEN RESOLVED.**

---

**GRIEVANCE REVIEW – STEP 3**

<table>
<thead>
<tr>
<th>DATE STEP 3 APPEAL POSTMARKED/HAND-DELIVERED/DATE EMAIL RECEIVED</th>
<th>DATE STEP 3 APPEAL RECEIVED BY UC</th>
<th>DATE OF UC RESPONSE</th>
<th>DECISION ATTACHED</th>
</tr>
</thead>
</table>

| YES | NO |

<table>
<thead>
<tr>
<th>SIGNATURE OF STEP 3 REVIEWER</th>
<th>PRINTED NAME AND TITLE OF STEP 3 REVIEWER</th>
</tr>
</thead>
</table>