## APPENDIX E GRIEVANCE FORM

UC/UAW STEP 1 GRIEVANCE FORM	Allegations of a violation of the UC/UAW Agreement covering Postdoctoral Scholars must be filed on this form. See the UC/UAW Agreement for details regarding the filing of a grievance. Forms must be submitted to the Campus Labor Relations Office. Pursuant to section 3567 of HEERA, UC shall not agree to resolution of the grievance until the UAW has received a copy of the grievance and the proposed resolution and has been given the opportunity to file a response. YOU MUST PROVIDE THE INFORMATION MARKED WITH AN ASTERISK (*) IN ACCORDANCE WITH ARTICLE 6, GRIEVANCE AND ARBITRATION, OR IT MAY BE INELIGIBLE FOR FURTHER PROCESSING (Form available at http://atyourservice.ucop.edu/employees/policies_employee_labor_relations/collective_bargaining_units/post_doc s/contract_articles/px-ax-e-grievance-form-112010.pdf.								
GRIEVANT'S NAME* LAST	FIRST			GRIEVANCE NI UNIVERSITY)			JMBER (TO BE COMPLETED BY THE		
BARGAINING UNIT CLASSIFICATION TITLE* (e.g. Postdoctoral Scholar-Employee, Postdoctoral Scholar-Fellow, etc)			GF	GRIEVANT'S HIRING UNI/DEPARTMENT*			ANT'S HOME TELEPHONE ER		
NAME OF GRIEVANT'S IMMEDIATE SUPERVISOR, TITLE AND TELEPHONE NUMBER				NON-UNIVERSITY ADDRESS TO WHICH CORRESPONDENCE MAY BE SENT TO GRIEVANT [OR REPRESENTATIVE'S ADDRESS MAY BE USED] *					
REPRESENTATIVE'S NAMI REPRESENTED)	S NAME (IF REPRESENTATIV		VE'S O	E'S ORGANIZATION (IF APPLICABLE) *		REPRESENTATIVE'S NON-UNIVERSITY TELEPHONE NUMBER			
REPRESENTATIVE'S MAILING ADDRESS, CITY, STATE, ZIP									
TYPE OF GRIEVANCE;  INDIVIDUAL  GROUP (LIST ALL NAMES)  UNION				SPECIFIC ARTICLE(S) & SECTION(S) OF THE UC/UAW AGREEMENT ALLEGED TO BE VIOLATED*					
ALLEGED D			DATE(	ATEOF INFORMAL STEP RESPONSE, FANY		ARE YOU REQUESTING A STEP 1 MEETING  YES NO			
DESCRIPTION OF ALLEGED VIOLATION OF THE AGREEMENT.* PLEASE DESCRIBE IN DETAIL THE FACTS AND CIRCUMSTANCES (INCLUDING DATES) THAT EXPLAIN HOW THE ARTICLE(S) AND SECTION(S) WERE VIOLATED. (ATTACH SEPARATE SHEET OFPAPER IF NEEDED.)									
REMEDY REQUESTED									
GRIEVANT'S SIGNATURE							DATE		
REPRESENTATIVE'S SIGNATURE (IF REPRESENTED							DATE		

## **GRIEVANCE REVIEW - PART 2**

DATE STEP 1 GRIEVANCE FILED  DATE OF UC DECISION  DECISION ATTACHED  WAS A MEETING HELD?  YES NO DATE OF MEETING:  STEP 1 DECISION (ATTACHED SEPARATE SHEET OF PAPER IF NEEDED)									
SIGNATURE OF STEP 1 REVIEWER	PRINTED NAME AND TITLE (	DF STEP 1 REVIE	WER	TELEPHONE NUMBER					
FORM FOR APPEAL TO STEP 2 (Appeals may be filled with Campus Labor Relations Office on this form or in accordance with Article 6, Grievance and Arbitration)									
I DO NOT ACCEPT THE STEP 1 RESPONSI  AND I APPEAL TO STEP TWO (STATE  SUBJECT BELOW)	GRIEVANT'S AND/OR REPRES	GRIEVANT'S AND/OR REPRESENTATIVE'S SIGNATURE		ARE YOU REQUESTING A MEETING?					
UNRESOLVED ISSUES APPEALED TO STEP 2 .									
GRIEVANCE REVIEW – STEP 2									
DATE STEP 2 APPEAL FILED	DATE OF UC DECISION	DECISION ATTACHED '		WAS A MEETING HELD?  YES NO DATE OF MEETING:					
SIGNATURE OF STEP 2 REVIEWER	PRINTED NAME AND TITLE OF STEP 2 REVIEWER								