

APPENDIX D

<p align="center">UPTÉ</p> <p align="center">HEALTH CARE PROFESSIONALS UNIT GRIEVANCE FORM</p>		<p>Allegations of a violation of the Health Care Professionals Agreement in effect between the University and UPTÉ 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 8, GRIEVANCE PROCEDURE OF THE HEALTH CARE PROFESSIONALS UNIT AGREEMENT.</p>	
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 <input type="checkbox"/> Career/Regular <input type="checkbox"/> Probationary <input type="checkbox"/> Full Time <input type="checkbox"/> Casual/Temporary <input type="checkbox"/> Per Diem <input type="checkbox"/> 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	
REPRESENTATIVE'S NON-WORK ADDRESS, CITY, STATE, ZIP			
TYPE OF GRIEVANCE: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GROUP (LIST ALL GRIEVANTS) <input type="checkbox"/> 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	
___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	

APPENDIX D

ALLEGED VIOLATION OF AGREEMENT	
REMEDY REQUESTED	
GRIEVANT'S AND/OR REPRESENTATIVE'S SIGNATURE	DATE

GRIEVANCE REVIEW -- STEP 1

DATE STEP 1 GRIEVANCE RECEIVED BY UC:	DATE OF UC RESPONSE:	
STEP 1 DECISION		
SIGNATURE OF STEP 1 REVIEWER	PRINTED NAME AND TITLE OF STEP 1 REVIEWER	TELEPHONE NUMBER
<input type="checkbox"/> I DO NOT ACCEPT AND APPEAL THE STEP 1 RESPONSE TO THE SECOND STEP (STATE SUBJECT BELOW)	GRIEVANT'S AND/OR REPRESENTATIVE'S SIGNATURE	DATE
SUBJECT OF GRIEVANCE AT STEP 2, IF DIFFERENT THAN SUBJECT OF GRIEVANCE AT STEP 1.		

**APPENDIX D
GRIEVANCE REVIEW -- STEP 2**

DATE STEP 2 APPEAL POSTMARKED/HAND- DELIVERED	DATE STEP 2 APPEAL RECEIVED BY UC	DATE OF UC RESPONSE	DECISION ATTACHED ___ YES ___ NO
SIGNATURE OF STEP 2 REVIEWER		PRINTED NAME AND TITLE OF STEP 2 REVIEWER	
___ I DO NOT ACCEPT AND APPEAL THE STEP 2 RESPONSE TO THE SECOND STEP (STATE SUBJECT BELOW)		GRIEVANT'S AND/OR REPRESENTATIVE'S SIGNATURE	DATE
SUBJECT OF GRIEVANCE AT STEP 3, IF ANY ISSUE(S) OF GRIEVANCE AT STEP 2 HAS BEEN RESOLVED.			

GRIEVANCE REVIEW -- STEP 3

DATE STEP 3 APPEAL POSTMARKED/HAND-DELIVERED	DATE STEP 3 APPEAL RECEIVED BY UC	DATE OF UC RESPONSE	DECISION ATTACHED ___ YES ___ NO
SIGNATURE OF STEP 3 REVIEWER		PRINTED NAME AND TITLE OF STEP 3 REVIEWER	