

APPENDIX D

Grievance Form

<p align="center">CUE <i>Coalition of University Employees</i></p> <p align="center">CLERICAL UNIT GRIEVANCE FORM</p>	<p>NOTICE TO CLERICAL AND ALLIED SERVICES UNIT EMPLOYEES:</p> <ul style="list-style-type: none"> A grievance is a written employee complaint that the University has violated a specific provision of the UC-CUE collective bargaining contract. <u>Grievances must be filed on this form.</u> 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 you wish to file a grievance, you are advised to contact your local CUE union representative. For a list of CUE representatives, see: http://www.cueunion.org/contacts/local.php3 1-888 900-8989 	
<p>Allegations of a violation of the Clerical Agreement in effect between the University and CUE 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 6, GRIEVANCE PROCEDURE OF THE CLERICAL 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	
<p>EMPLOYEE EMPLOYMENT STATUS</p> <p> <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 </p>		GRIEVANT'S NORMAL HOURS OF WORK
IF REPRESENTED IN THIS GRIEVANCE, PROVIDE THE FOLLOWING:		
REPRESENTATIVE'S NAME	REPRESENTATIVE'S ORGANIZATION	REPRESENTATIVE'S TELEPHONE NUMBER
Coalition of University Employees		
REPRESENTATIVE'S NON-WORK ADDRESS, CITY, STATE, ZIP		
<p>TYPE OF GRIEVANCE:</p> <p> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GROUP (LIST ALL GRIEVANTS) <input type="checkbox"/> UNION (MUST BE SIGNED BY THE PRESIDENT OR DESIGNEE) </p>		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

APPENDIX D – cont.

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 THIS GRIEVANCE TO THE SECOND STEP (STATE SUBJECT BELOW)	GRIEVANT'S AND/OR REPRESENTATIVES SIGNATURE	DATE	
SUBJECT OF GRIEVANCE AT STEP 2, IF DIFFERENT THAN SUBJECT OF GRIEVANCE AT STEP 1.			

GRIEVANCE REVIEW -- STEP 2

DATE STEP 2 APPEAL POSTMARKED/ HAND-DELIVERED	DATE STEP 2 APPEAL RECEIVED BY UC	DATE OF UC RESPONSE	DECISION ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE OF STEP 2 REVIEWER		PRINTED NAME AND TITLE OF STEP 2 REVIEWER	
<input type="checkbox"/> I DO NOT ACCEPT AND APPEAL THIS GRIEVANCE TO THE THIRD 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 HAVE 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 <input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE OF STEP 3 REVIEWER		PRINTED NAME AND TITLE OF STEP 3 REVIEWER	