

**AFSCME
Contract
Grievance**

Allegations of a violation of a contract in effect between the University and AFSCME must be filed on this form. See your contract for details regarding the filing of a grievance. ALL INFORMATION REQUESTED BELOW MUST BE PROVIDED, EITHER PRINTED OR TYPE D, BY THE GRIEVANT OR THE GRIEVANT'S REPRESENTATIVE.

GRIEVANT'S NAME		NAME OF GRIEVANT'S IMMEDIATE SUPERVISOR	
CAMPUS/MEDICAL CENTER	DEPARTMENT/DIVISION		WORK TELEPHONE
EMPLOYEE CLASSIFICATION TITLE & BARGAINING UNIT CLASS TITLE: _____ <input type="checkbox"/> SERVICE <input type="checkbox"/> SKILLED TRADES <input type="checkbox"/> PATIENT CARE		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 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 ___ / ___ / ___	
ALLEGED VIOLATION OF AGREEMENT			
REMEDY REQUESTED			
GRIEVANT'S AND/OR REPRESENTATIVE'S SIGNATURE			DATE

GRIEVANCE REVIEW – STEP 1

DATE RECEIVED	DATE OF RESPONSE:	STEP 1 DECISION TO BE ENTERED BELOW
STEP 1 DECISION		
SIGNATURE OF STEP 1 REVIEWER	PRINTED NAME AND TITLE	TELEPHONE NUMBER
<input type="checkbox"/> I ACCEPT AND DO NOT APPEAL TO THE SECOND STEP	<input type="checkbox"/> I DO NOT ACCEPT AND APPEAL THIS GRIEVANCE TO THE SECOND STEP (STATE SUBJECT BELOW)	GRIEVANT'S SIGNATURE DATE
REASON FOR APPEAL		

GRIEVANCE REVIEW – STEP 2

DATE RECEIVED	DATE OF RESPONSE	DECISION ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE OF STEP 2 REVIEWER	PRINTED NAME AND TITLE	
<input type="checkbox"/> I ACCEPT AND DO NOT APPEAL TO THE THIRD STEP	<input type="checkbox"/> I DO NOT ACCEPT AND APPEAL TO THE THIRD STEP (STATE REASON BELOW)	GRIEVANT'S SIGNATURE DATE
REASON FOR APPEAL		

GRIEVANCE REVIEW – STEP 3

DATE RECEIVED	DATE OF RESPONSE	DECISION ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE OF STEP 3 REVIEWER	PRINTED NAME AND TITLE OF STEP 3 REVIEWER	