

**UNIVERSITY OF CALIFORNIA
FORMAL CONTRACT GRIEVANCE
NON-SENATE INSTRUCTIONAL UNIT**

Allegations of a violation of the Memorandum of Understanding (MOU) in effect between the University and the University Council-AFT must be filed on this form. See the MOU, Article XXXII Grievance Procedure for details regarding the filing of grievances.

GRIEVANTS NAME: Last, First, Middle Initial		GRIEVANT'S CLASSIFICATION TITLE/WORKING TITLE	
GRIEVANTS DEPARTMENT/PROGRAM/LOCATION		GRIEVANT'S WORK TELEPHONE	
ADDRESS TO WHICH REQUIRED CORRESPONDENCE IS TO BE SENT TO GRIEVANT			
Article(s) and Section(s) of MOU alleged to have been violated.			
Action being grieved and manner in which action violated the above cited provisions and adversely affected the grievant. Please attach any relevant materials.			
Date of occurrence or date grievant had knowledge of alleged violation:			
REMEDY REQUESTED			
IF THE GRIEVANT IS REPRESENTED IN THIS GRIEVANCE, THE FOLLOWING INFORMATION REGARDING THE REPRESENTATIVE MUST BE PROVIDED:			
REPRESENTATIVE'S NAME		REPRESENTATIVE'S ORGANIZATION	REPRESENTATIVE'S TELEPHONE NO.
REPRESENTATIVE'S ADDRESS (City, State & Zip Code)			UNION GRIEVANCE YES <input type="checkbox"/> NO <input type="checkbox"/>
GRIEVANT'S SIGNATURE/DATE		REPRESENTATIVE'S SIGNATURE/DATE	
STEP 1- INFORMAL DISCUSSION DATE OF MEETING	NAME OF SUPERVISOR		REPRESENTATIVE PRESENT YES <input type="checkbox"/> NO <input type="checkbox"/>
TIME LIMIT (ORAL RESPONSE DUE WITHIN 5 DAYS OF INFORMAL DISCUSSION)		DISPOSITION	
STEP 2-REVIEW OF INFORMAL DISCUSSION	NAME OF DESIGNATED CAMPUS OFFICIAL		REPRESENTATIVE PRESENT YES <input type="checkbox"/> NO <input type="checkbox"/>
TIME LIMIT (REVIEW TO BE HELD WITHIN 5 DAYS OF REQUEST)		DISPOSITION	
STEP 3- FORMAL REVIEW DATE OF MEETING, IF ANY	NAME OF GRIEVANCE OFFICER		
TIME LIMIT (WRITTEN FORM MUST BE FILED WITHIN 30 DAYS OF OCCURRENCE)		DISPOSITION	
DATE OF UNIVERSITY'S WRITTEN DECISION	NAME OF DESIGNATED UNIVERSITY OFFICIAL		
DISPOSITION			

UNIVERSITY USE ONLY

LOCATION	CAMPUS GRIEVANCE NO.	YEAR	% APPOINTMENT	APPOINTMENT END DATE	WERE ANY TIME LIMITS WAIVED? EXPLAIN YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE RECEIVED BY GRIEVANCE OFFICER		DELIVERY METHOD		OLR GRIEVANCE NUMBER	
DATE OF MAILING TO UC-AFT, IF APPLICABLE	DATE UC-AFT RESPONSE DUE	DATE UC-AFT RESPONSE	NAME OF DESIGNATED UC OFFICIAL		