

**APPENDIX C**

Grievance Form

<h1 style="margin: 0;">CUE</h1> <p style="margin: 0;"><i>Coalition of University Employees</i></p> <p style="margin: 10px 0 0 0;"><b>CLERICAL UNIT GRIEVANCE FORM</b></p>	<p><b>NOTICE TO CLERICAL AND ALLIED SERVICES UNIT EMPLOYEES:</b></p> <ul style="list-style-type: none"> <li>A grievance is a written employee complaint that the University has violated a specific provision of the UC-CUE collective bargaining contract. <b><u>Grievances must be filed on this form.</u></b></li> <li>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.</li> <li>If you wish to file a grievance, you are advised to contact your local CUE union representative. For a list of CUE representatives, see: <a href="http://www.cueunion.org/contacts/local.php3">http://www.cueunion.org/contacts/local.php3</a> <b>1-888 900-8989</b></li> </ul>	
<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	
<p>IF REPRESENTED IN THIS GRIEVANCE, PROVIDE THE FOLLOWING:</p>		
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>	<p>SPECIFIC ARTICLE(S) &amp; SECTION(S) OF THE CONTRACT ALLEGED TO BE VIOLATED:</p>	
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 C – 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	