

**APPENDIX C
GRIEVANCE FORM**

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| UPTe TECHNICAL UNIT GRIEVANCE FORM | | Allegations of a violation of Agreement in effect between the University and UPTe must be filed in on this form. See your Agreement for details regarding the filing of a grievance. PLEASE PROVIDE THE INFORMATION REQUESTED IN ACCORDANCE WITH ARTICLE 10, GRIEVANCE PROCEDURE OF THE TECHNICAL, RESEARCH SUPPORT PROFESSIONALS AGREEMENT. <u>If you wish to file a grievance or want more information about possibly filing a grievance, please contact your local UPTe representative. Refer to: http://www.upt-cwa.org/contacts/index.html or call: 1-510-704-8783 (UPTe).</u> | |
| 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 ____/____/____ | |
| ALLEGED VIOLATION OF AGREEMENT | | | |
| REMEDY REQUESTED | | | |
| GRIEVANT'S AND/OR REPRESENTATIVE'S SIGNATURE | | | DATE |

**APPENDIX C
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GRIEVANCE REVIEW -- STEP 1

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| 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. | | | |

GRIEVANCE REVIEW -- STEP 2

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| 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 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

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| 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 | |

http://atyourservice.ucop.edu/employees/policies/systemwide_contracts/tx/app_c.pdf