APPENDIX B

CSU/UAW CONTRACT GRIEVANCE FORM

UNIT 11

GRIEVANT'S NAME			CLASSIFICATION (TITLE)
CAMPUS	HIRING UNIT/DEPARTMENT	TELEPHONE NUMBER	
ADDRESS			
REPRESENTATIVE'S NAME		REPRESENTATIVE'S TELEPHONE NUMBER	
TYPE OF GRIEVANCE INDIVIDUAL GROUP UNION		SPECIFIC ARTICLE(S) AND SECTION(S) ALLEGED TO BE VIOLATED	
DATE(S) OF ALLEGED VIOLATION(S)		IMMEDIATE SUPERVISOR'S NAME, TITLE, AND TELEPHONE NUMBER	
DESCRIPTIONS OF ALLEGED VIOLATION OF THE AGREEMENT. PLEASE DESCRIBE IN DETAIL THE FACTS AND CIRCUMSTANCES (NAMES, DATES, PLACES, AND TIMES) AND EXPLAIN HOW THE ARTICLES AND SECTIONS WERE VIOLATED. (ATTACH SEPARATE SHEET IF NEEDED.)			
REMEDY REQUESTED			
GRIEVANT'S SIGNATURE			DATE
REPRESENTATIVE'S SIGNATURE			DATE
CSU USE ONLY			
Assigned Grievance Number	***Formal Step I Filing Date***	***Formal Step II Filing Date***	

UAW Local 4123
Phone (916) 498-8452 - Fax (916) 498-8337