

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 <div style="text-align: center; margin-top: 10px;"> INDIVIDUAL GROUP UNION </div>		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		
<i>Assigned Grievance Number</i>	<i>Formal Step I Filing Date</i>	<i>Formal Step II Filing Date</i>



UAW Local 4123

Phone (916) 498-8452 - Fax (916) 498-8337