

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 | | |
| <i>Assigned Grievance Number</i> | <i>Formal Step I Filing Date</i> | <i>Formal Step II Filing Date</i> |



UAW Local 4123

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