

APPENDIX E

THE CALIFORNIA STATE UNIVERSITY GRIEVANCE PROCEDURE FORM

UNIT 4

LEVEL OF FILING

DATE OF FILING

Campus: _____

Level I - President _____

Level II – Labor Relations, _____
Office of the Chancellor

GRIEVANT'S NAME

CLASSIFICATION

CAMPUS TELEPHONE NUMBER

Specific term of agreement alleged violated (provide Unit 4 contract provision number):

Detailed description of the grounds of the grievance (include dates, places, times, etc.):

(If more space is needed, additional sheets may be attached.)

Proposed remedy:

Grievant's signature:

Grievant's address:

Name of representative:

Representative's address and telephone number:

Response

Level I /

Level II /

Signature: _____ Title: _____ Date: _____

Please provide one copy of each grievance filing or response to: a) employee; b) Employer (level of filing); c) Labor Relations, Office of the Chancellor, 401 Golden Shore, Long Beach, CA 90802; d) employee's representative.

(Revised 2005)