

THE CALIFORNIA STATE UNIVERSITY
REQUEST FOR RECONSIDERATION

November 20, 2024 – June 30, 2027

Representative's address and telephone number:

Response:

Level I

Level II

Level III

Signature: _____ Title: _____ Date: _____

Please provide one copy of each reconsideration request 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)