APPENDIX F

THE CALIFORNIA STATE UNIVERSITY REQUEST FOR RECONSIDERATION

UNIT 4

LEVEL OF FILING		DATE OF FILING	Campus:
Level I - Appropriate Administrator		Department or Equivalent Unit	
Level II - President			
Level III - Labor Relations Office of the Chancellor		Appropriate Administrator:	
(Only alleged violations of writte			
REQUESTOR'S NAME	CLASSIFICATION	CAMPUS TELE	PHONE NUMBER
Specific term policy/rule alleged	violated:		
// Written campus policy/v	vork rule:		

- // Written systemwide policy/work rule:

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

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

Requestor's signature:

Requestor's address:

Name of representative:

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)