

UNIVERSITY OF CALIFORNIA FORMAL CONTRACT GRIEVANCE

Allegations of a violation of a contract in effect between the University and The State Employees Trades Council-United, must be filed on this form. See your contract for details regarding the filing of grievances.

ALL INFORMATION REQUESTED BELOW MUST BE PROVIDED EITHER PRINTED OR TYPED.

GRIEVANT NAME, Last, First, Middle Initial		GRIEVANT'S CLASSIFICATION TITLE	
GRIEVANT'S JOB LOCATION	GRIEVANT'S WORK TELEPHONE	BARGAINING UNIT	
ADDRESS TO WHICH REQUIRED CORRESPONDENCE MAY BE SENT TO GRIEVANT			

IF REPRESENTED IN THIS GRIEVANCE, PROVIDE THE FOLLOWING:

REPRESENTATIVE'S NAME <input type="text"/>	REPRESENTATIVE'S ORGANIZATION State Employees Trades Council-United	REPRESENTATIVE'S TELEPHONE NO. <input type="text"/>
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REPRESENTATIVE'S ADDRESS (City, State, and Zip Code)
6366 Commerce Blvd., #346, Rohnert Park, CA 94928

ALLEGED VIOLATION OF AGREEMENT	Set forth Section and provision allegedly violated; the action grieved and how it violated stated provisions; how grieving employee was adversely affected; and the remedy requested.

REMEDY REQUESTED	
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GRIEVANT SIGNATURE/DATE	REPRESENTATIVE SIGNATURE/DATE
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UNIVERSITY USE ONLY

LOCATION	UNIT	YEAR	NAME OF DESIGNATED GRIEVANCE OFFICER	
DATE RECEIVED	DELIVERY METHOD	INFORMAL REVIEW DATE	<input type="checkbox"/> CAREER <input type="checkbox"/> FULL TIME <input type="checkbox"/> PROBATION <input type="checkbox"/> CASUAL <input type="checkbox"/> PART TIME	REFERENCE NO.