CSU/ SEIU DISTRICT 1199
GRIEVANCE FORM

Submit original to management and make four (4) copies and distribute to: (1) Grievant, (2) Chief Steward, (3) Union Staff Representative, and (4) Steward.

EMPLOYEE ___________________________________ DATE ________________________________

JOB CLASSIFICATION _______________________ DEPT. ________________________________

SUPERVISOR _______________________________ DATE OF HIRE _______________________

Summarize nature of grievance.  Please specify the basis of the grievance, including all contract violations, University policies, past practices and/or laws, etc. Include all relevant dates.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
(Use additional sheets of paper if necessary.)

DESIRED REMEDY:

________________________________________________________________________________________
________________________________________________________________________________________

______________________________ and that he be made whole in any and all other respects.

Step 1: Informal Resolution (Discussion with Supervisor) (within 10 working days of the event on which the grievance is based)

Discussion Date: ___________________ Supervisor’s Response:

________________________________________________________________________________________

Step 2: Written Grievance Form to HRD Representative and Department Head or Appropriate Administrator (within 10 working days of the event on which the grievance is based)

Date Filed: ______________________ Meeting Date: ___________________
(within 5 working days after filing written grievance)
Relevant Information:

________________________________________________________________________________________

Date Response Received: (within 7 working days of meeting)______________
Step 3: **Written Appeal to Vice President for HRD** (within 5 working days after receipt of Step 2 response or within 12 working days after Step 2 meeting if no response is received)

Date Filed: _______________  Meeting Date__________ (within 7 working days after receipt of appeal)

Relevant Information:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
__________________________________________________________________________________

Date Response Received:  (within 7 working days of meeting) _______________

Response:_______________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
____________________________________________________________________________________
________________________________________________________________________________________

Step 4: **Written Appeal to Arbitration** (Separate form to be filled out for Request for Arbitration. Notice to Vice President for HRD within 10 working days after the next regularly scheduled Union Executive Board Meeting, but no later than 45 calendar days after receipt of the Step 3 response.)

Date Filed: _____________________________  Arbitration Date: ______________

Date Response received from Arbitrator: _________________________________

Resolution:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
____________________________________________________________________________________
**Mediation (Optional)** (All parties may mutually agree to pursue mediation within the 45 calendar day period prior to Arbitration notification in Step 4; the use of mediation must be confirmed in writing; Step 4 notification of intent to arbitrate extended until 21 calendar days after conclusion of mediation, if used.)

Date Requested: ________________________________ Mediation Date: ________________________________

Relevant Information/Resolution ______________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Unless otherwise indicated, by signing this grievance form, the aggrieved employee grants authorization to the Union to act in his/her behalf and to advance the grievance through the steps of the grievance procedure.

_____________________________________  ____________________
Signature of Aggrieved Employee     Date

_____________________________________  ____________________
Signature of Union Representative     Date

______________  I do not wish the Union to advance my grievance without express authorization.