

UC/UAW STEP 2 GRIEVANCE FORM		Allegations of a violation of the UC/UAW Agreement covering Academic Student Employees (ASEs) must be filed on this form. See the UC/UAW Agreement for details regarding the filing of a grievance. Forms must be submitted to the Campus Labor Relations Office. Pursuant to section 3567 of HEERA, UC shall not agree to resolution of the grievance until the UAW has received a copy of the grievance and the proposed resolution and has been given the opportunity to file a response. YOU MUST PROVIDE THE INFORMATION MARKED WITH AN ASTERISK (*) IN ACCORDANCE WITH ARTICLE 13, SECTION C.2., GRIEVANCE AND ARBITRATION PROCEDURE, OR IT MAY BE INELIGIBLE FOR FURTHER PROCESSING (Form available at www.ucop.edu/humres/contracts/ase/asecontract.html).			
GRIEVANT'S NAME * LAST FIRST MI		GRIEVANCE NUMBER (TO BE COMPLETED BY THE UNIVERSITY)			
BARGAINING UNIT CLASSIFICATION TITLE* (e.g. TA, Tutor, Reader, etc.)		GRIEVANT'S HIRING UNIT/DEPARTMENT *		GRIEVANT'S HOME TELEPHONE NUMBER	
NAME OF GRIEVANT'S IMMEDIATE SUPERVISOR, TITLE, AND TELEPHONE NUMBER		NON-UNIVERSITY ADDRESS TO WHICH CORRESPONDENCE MAY BE SENT TO GRIEVANT [OR REPRESENTATIVE'S ADDRESS MAY BE USED] *			
REPRESENTATIVE'S NAME (IF REPRESENTED) *		REPRESENTATIVE'S ORGANIZATION (IF APPLICABLE) *		REPRESENTATIVE'S NON-UNIVERSITY TELEPHONE NUMBER	
REPRESENTATIVE'S MAILING ADDRESS, CITY, STATE, ZIP					
TYPE OF GRIEVANCE: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GROUP (LIST ALL NAMES) <input type="checkbox"/> UNION		SPECIFIC ARTICLE(S) & SECTION(S) OF THE UC/UAW AGREEMENT ALLEGED TO BE VIOLATED *			
DATE OF ALLEGED VIOLATION(S) *	DATE OF INFORMAL STEP 1 DISCUSSION WITH SUPERVISOR, IF ANY	DATE OF INFORMAL STEP 1 RESPONSE, IF ANY	ARE YOU REQUESTING A STEP 2 MEETING? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DESCRIPTION OF ALLEGED VIOLATION OF THE AGREEMENT.* PLEASE DESCRIBE IN DETAIL THE FACTS AND CIRCUMSTANCES (INCLUDING DATES) THAT EXPLAIN HOW THE ARTICLE(S) AND SECTION(S) WERE VIOLATED. (ATTACH SEPARATE SHEET OF PAPER IF NEEDED.)					
REMEDY REQUESTED*					
GRIEVANT'S SIGNATURE				DATE	
REPRESENTATIVE'S SIGNATURE (IF REPRESENTED)				DATE	

GRIEVANCE REVIEW -- STEP 2

DATE STEP 2 GRIEVANCE FILED	DATE OF UC DECISION	DECISION ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS A MEETING HELD? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF MEETING:
STEP 2 DECISION (ATTACH SEPARATE SHEET OF PAPER IF NEEDED)			
SIGNATURE OF STEP 2 REVIEWER	PRINTED NAME AND TITLE OF STEP 2 REVIEWER	TELEPHONE NUMBER	

FORM FOR APPEAL TO STEP 3

(Appeals may be filed with the Campus Labor Relations Office on this form or in accordance with Article 13, Section C.3.)

<input type="checkbox"/> I DO NOT ACCEPT THE STEP 2 RESPONSE AND I APPEAL TO STEP THREE (STATE SUBJECT BELOW)	GRIEVANT'S AND/OR REPRESENTATIVE'S SIGNATURE	DATE	ARE YOU REQUESTING A MEETING? <input type="checkbox"/> YES <input type="checkbox"/> NO
UNRESOLVED ISSUES APPEALED TO STEP 3			

GRIEVANCE REVIEW -- STEP 3

DATE STEP 3 APPEAL FILED	DATE OF UC DECISION	DECISION ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS A MEETING HELD? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF MEETING:
SIGNATURE OF STEP 3 REVIEWER		PRINTED NAME AND TITLE OF STEP 3 REVIEWER	