APPENDIX "A" UC/UAW STEP 2 GRIEVANCE FORM

UC/UAW STEP 2 GRIEVANCE FORM	(ASEs) m a grievan 3567 of l copy of t response ACCORD PROCEDO	Allegations of a violation of the UC/UAW Agreement covering Academic Student Employees (ASEs) must be filled 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 11, SECTION C.2., GRIEVANCE AND ARBITRATION PROCEDURE, OR IT MAY BE INELIGIBLE FOR FURTHER PROCESSING (Form available at http://atyourservice.ucop.edu/employees/policies/systemwide_contracts/uaw/index.html). FIRST MI GRIEVANCE NUMBER (TO BE COMPLETED BY THE UNIVERSITY)							
BARGAINING UNIT CLASSIFICATION TITLE* (e.g. TA, Tutor, Reader, etc.)			GRIEVANT'S HIRING UNIT/DEPA	GRIEVANT'S HOME TELEPHONE NUMBER			CTS/UBW/findex.html). ITO BE COMPLETED BY THE VANT'S HOME TELEPHONE NUMBER BE MAY BE SENT TO GRIEVANT FOR N-UNIVERSITY TELEPHONE NUMBER		
NAME OF GRIEVANT'S IMMED 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) * REPRESENTATIV APPLICABLE) *			'S ORGANIZATION (IF REPRESENT		TATIVE'S NON-UNIVERSITY TELEPHONE NUMBER				
REPRESENTATIVE'S MAILING A	ADDRESS, CITY, STA	TE, ZIP							
TYPE OF GRIEVANCE:	☐ INDIVIDUAL ☐ GROUP (LIS		SPECIFIC ARTICLE(S) & SECTION(S) OF THE UC/UAW AGREEMENT ALLEGED TO BE VIOLATED*						
DATE OF ALLEGED VIOLATION(S)*	DATE OF INFORMA DISCUSSION WITH ANY		DATE OF INFORMAL STEP 1 RES	ARE YOU REQUESTING A STEP 2 MEETING? YES NO					
DESCRIPTION OF ALLEGED VIO HOW THE ARTICLE(S) AND SEC	LATION OF THE AGR CTION(S) WERE VIOL	EEMENT.* PLEASE ATEO. (ATTACH SE	E DESCRIBE IN DETAIL THE FACTS PARATE SHEET OF PAPER IF NEED	AND CIRCUM ED.)	STANCES (INCLU	DING DATES; THAY	EXPLAIN		
REMEDY REQUESTED.									
GRIEVANT'S SIGNATURE		DATE							
REPRESENTATIVE'S SIGNATUR	E (IF REPRESENTED)				DATE				

GRIEVANCE REVIEW -- STEP 2

DATE STEP 2 GRIEVANCE FILED	DATÉ OF UC DECISION	DECISION ATTA	CHED	WAS A MEETING HELD?						
]	U VES U NO						
		YES	NO	YES NO DATE OF MEETING:						
STEP 2 DECISION (ATTACH SEPARATE SHEET O	OF PAPER IF NEEDED)			DATE OF MEETING.						
SIGNATURE OF STEP 2 REVIEWER	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 11, Section C.3.)										
I DO NOT ACCEPT THE STEP 2 RESPONSE AND		NTATIVE'S	DATE	ARE YOU REQUESTING A MEETING?						
APPEAL TO STEP THREE	E	1		☐ YES ☐ NO						
(STATE SUBJECT BELOW)										
UNRESOLVED ISSUES APPEALED TO STEP 3										
1										
GRIEVANCE REVIEW STEP 3										
DATE STEP 3 APPEAL FILED	DATE OF UC DECISION	DECISION ATTACHED		WAS A MEETING HELD?						
I										
		IMIYES	NO	DODEYES NO						
SIGNATURE OF STEP 3 REVIEWER	PRINTED NAME 4	PRINTED NAME AND TITLE OF STEP 3 REVIEWER								
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