## UC/UAW STEP 2 GRIEVANCE FORM

Allegations of a violation of the UC/UAW Agreement must be filed on this form. See the relevant UC/UAW Agreement for details regarding the filing of a grievance. Forms must be submitted to the applicable Labor Relations Office, as applicable. 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 THE GRIEVANCE AND ARBITRATION PROCEDURE OF THE UC/UAW AGREEMENT, OR IT MAY BE INELIGIBLE FOR FURTHER PROCESSING.

	FURTHER	PROCESSING.				
GRIEVANT'S NAME * LAST	FIRST	МІ			GRIEVANC UNIVERSIT	E NUMBER (TO BE COMPLETED BY THE Y)
			1			
BARGAINING UNIT CLASSIFICATION TITLE* (e.g. TA, GSR, Reader, Postdoc, etc.)			GRIEVANT'S HIRING UNIT/DEPARTMENT * GRIEVANT'S EMAIL ADDRESS			
NAME, TITLE, AND TELEPHONE NUMBER OF GRIEVANT'S IMMEDIATE SUPERVISOR			NON-UNIVERSITY ADDRESS TO WHICH CORRESPONDENCE MAY BE SENT TO GRIEVANT [REPRESENTATIVE'S ADDRESS MAY BE USED] *			
		REPRESENTATIV (IF APPLICABLE)	TIVE'S ORGANIZATION E) *		REPRESENTATIVE'S NON-UNIVERSITY TELEPHONE NUMBER	
REPRESENTATIVE'S MAILING ADDRESS, CITY, STATE, ZIP			REPRESENTATIVE'S EMAIL ADDRESS			
TYPE OF GRIEVANCE:	☐ INDIVIDUAL ☐ GROUP (LIST ALL NAMES) ☐ 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					ARE YOU REQUESTING A STEP 2 MEETING?  NO
DESCRIPTION OF ALLEGE THAT EXPLAIN HOW THE ARTIC						S AND CIRCUMSTANCES (INCLUDING DATES)
REMEDY REQUESTED						
GRIEVANT'S SIGNATURE						DATE
REPRESENTATIVE'S SIGNATURE (IF REPRESENTED)						DATE