

APPENDIX "A"
UC/UAW STEP 2 GRIEVANCE FORM

<p align="center">UC/UAW STEP 2 GRIEVANCE FORM</p>		<p>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 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).</p>			
		<p>GRIEVANT'S NAME * LAST FIRST MI</p>		<p>GRIEVANCE NUMBER (TO BE COMPLETED BY THE UNIVERSITY)</p>	
<p>BARGAINING UNIT CLASSIFICATION TITLE* (e.g. TA, Tutor, Reader, etc.)</p>		<p>GRIEVANT'S HIRING UNIT/DEPARTMENT *</p>		<p>GRIEVANT'S HOME TELEPHONE NUMBER</p>	
<p>NAME OF GRIEVANT'S IMMEDIATE SUPERVISOR, TITLE, AND TELEPHONE NUMBER</p>		<p>NON-UNIVERSITY ADDRESS TO WHICH CORRESPONDENCE MAY BE SENT TO GRIEVANT (OR REPRESENTATIVE'S ADDRESS MAY BE USED) *</p>			
<p>REPRESENTATIVE'S NAME (IF REPRESENTED) *</p>		<p>REPRESENTATIVE'S ORGANIZATION (IF APPLICABLE) *</p>		<p>REPRESENTATIVE'S NON-UNIVERSITY TELEPHONE NUMBER</p>	
<p>REPRESENTATIVE'S MAILING ADDRESS, CITY, STATE, ZIP</p>					
<p>TYPE OF GRIEVANCE:</p> <p><input type="checkbox"/> INDIVIDUAL</p> <p><input type="checkbox"/> GROUP (LIST ALL NAMES)</p> <p><input type="checkbox"/> UNION</p>		<p>SPECIFIC ARTICLE(S) & SECTION(S) OF THE UC/UAW AGREEMENT ALLEGED TO BE VIOLATED*</p>			
<p>DATE OF ALLEGED VIOLATION(S)*</p>	<p>DATE OF INFORMAL STEP 1 DISCUSSION WITH SUPERVISOR, IF ANY</p>	<p>DATE OF INFORMAL STEP 1 RESPONSE, IF ANY</p>	<p>ARE YOU REQUESTING A STEP 2 MEETING?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		
<p>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.)</p>					
<p>REMEDY REQUESTED*</p>					
<p>GRIEVANT'S SIGNATURE</p>				<p>DATE</p>	
<p>REPRESENTATIVE'S SIGNATURE (IF REPRESENTED)</p>				<p>DATE</p>	

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 11, 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		