

Appendix C

 TEAMSTERS LOCAL 2010	CX-UNIT GRIEVANCE FORM		
<p>NOTICE TO CLERICAL AND ALLIED SERVICES UNIT EMPLOYEES:</p> <p>- A grievance is a written employee complaint that the University has violated a specific provision of the CX-Unit's TEAMSTERS LOCAL 2010 collective bargaining contract. --- <i>Grievances must be filed on this form.</i></p> <p>- A grievance must be filed within 30 days of the date of the alleged violation -- or the date you became aware of the alleged violation.</p> <p>-If you wish to file a grievance, you are advised to contact your Local 2010 representative.</p> <p style="text-align: center;">www.teamsters2010.org</p>			
<p>Allegations of a violation of the CX-Unit Agreement in effect between the University and TEAMSTERS 2010 must be filed on this form. See your Agreement for details regarding the filing of a grievance. PLEASE PROVIDE THE INFORMATION REQUESTED IN ACCORDANCE WITH ARTICLE 7, GRIEVANCE PROCEDURE OF THE CX-UNIT AGREEMENT.</p>			
GRIEVANT'S NAME		NAME OF GRIEVANT'S IMMEDIATE SUPERVISOR	
CAMPUS/MEDICAL CENTER/ LABORATORY	DEPARTMENT/DIVISION	WORK TELEPHONE	
EMPLOYEE CLASSIFICATION TITLE	NON-WORK ADDRESS TO WHICH CORRESPONDENCE MAY BE SENT TO GRIEVANT		
EMPLOYEE EMPLOYMENT STATUS		GRIEVANT'S NORMAL HOURS OF WORK	
<input type="checkbox"/> Career/Regular <input type="checkbox"/> Probationary <input type="checkbox"/> Full-Time <input type="checkbox"/> Casual/Temporary <input type="checkbox"/> Per Diem <input type="checkbox"/> Part-Time			
<p>IF REPRESENTED IN THIS GRIEVANCE, PROVIDE THE FOLLOWING:</p>			
REPRESENTATIVE'S NAME	REPRESENTATIVE'S ORGANIZATION	REPRESENTATIVE'S TELEPHONE NUMBER	
	TEAMSTERS LOCAL 2010		
REPRESENTATIVE'S MAILING ADDRESS			
TYPE OF GRIEVANCE:		SPECIFIC ARTICLE(S) & SECTION(S) OF THE CONTRACT ALLEGED TO BE VIOLATED:	
<input type="checkbox"/> Individual <input type="checkbox"/> Group (List All Grievants) <input type="checkbox"/> Union (Must Be Signed by The Secretary-Treasurer or Designee)			
DATE OF ACTION CAUSING GRIEVANCE	DATE OF INFORMAL DISCUSSION WITH SUPERVISOR	STEP 1 MEETING REQUESTED	DATE OF INFORMAL RESPONSE
___/___/___	___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO	___/___/___
ALLEGED VIOLATION(S) OF AGREEMENT			
REMEDY REQUESTED			
GRIEVANT AND/OR REPRESENTATIVE'S SIGNATURE			DATE

GRIEVANCE REVIEW -- STEP 1

DATE STEP 1 GRIEVANCE RECEIVED BY UC:	DATE OF UC RESPONSE:	
STEP 1 DECISION		
SIGNATURE OF STEP 1 REVIEWER	PRINTED NAME AND TITLE OF STEP 1 REVIEWER	TELEPHONE NUMBER
<input type="checkbox"/> I DO NOT ACCEPT AND APPEAL THIS GRIEVANCE TO THE SECOND STEP (STATE SUBJECT BELOW)	GRIEVANT'S AND/OR REPRESENTATIVES SIGNATURE	DATE
SUBJECT OF GRIEVANCE AT STEP 2, IF DIFFERENT THAN SUBJECT OF GRIEVANCE AT STEP 1.		

GRIEVANCE REVIEW -- STEP 2

DATE STEP 2 APPEAL POSTMARKED/ HAND-DELIVERED	DATE STEP 2 APPEAL RECEIVED BY UC:	DATE OF UC RESPONSE:	DECISION ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE OF STEP 2 REVIEWER		PRINTED NAME AND TITLE OF STEP 2 REVIEWER	
<input type="checkbox"/> I DO NOT ACCEPT AND APPEAL THIS GRIEVANCE TO THE THIRD STEP (STATE SUBJECT BELOW)	GRIEVANT'S AND/OR REPRESENTATIVE'S SIGNATURE	DATE	
SUBJECT OF GRIEVANCE AT STEP 3, IF ANY ISSUE(S) OF GRIEVANCE AT STEP 2 HAVE BEEN RESOLVED.			

GRIEVANCE REVIEW -- STEP 3

DATE STEP 3 APPEAL POSTMARKED/HAND-DELIVERED	DATE STEP 3 APPEAL RECEIVED BY UC:	DATE OF UC RESPONSE:	DECISION ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE OF STEP 3 REVIEWER		PRINTED NAME AND TITLE OF STEP 3 REVIEWER	