

UC/UAW STEP 2 GRIEVANCE FORM		Allegations of a violation of the UC/UAW Agreement covering Academic Researchers 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 7, GRIEVANCE AND ARBITRATION, OR IT MAY BE INELIGIBLE FOR FURTHER PROCESSING					
GRIEVANT'S NAME * LAST		FIRST		MI		GRIEVANCE NUMBER (TO BE COMPLETED BY THE UNIVERSITY)	
BARGAINING UNIT CLASSIFICATION TITLE (e.g. Assistant Specialist, Project Scientist, etc.) *			GRIEVANT'S HIRING UNI/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), & SUB-SECTION(S) OF THE UC/UAW AGREEMENT ALLEGED TO BE VIOLATED *				
DATE OF ALLEGED VIOLATION(S) *		DATE OF INFORMAL STEP DISCUSSION WITH SUPERVISOR IF ANY		DATE OF INFORMAL STEP 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	