

**CSU/ SEIU DISTRICT 1199
GRIEVANCE FORM**

Submit original to management and make four (4) copies and distribute to: (1) Grievant, (2) Chief Steward, (3) Union Staff Representative, and (4) Steward.

EMPLOYEE _____

DATE _____

JOB CLASSIFICATION _____

DEPT. _____

SUPERVISOR _____

DATE OF HIRE _____

Summarize nature of grievance. Please specify the basis of the grievance, including all contract violations, University policies, past practices and/or laws, etc. Include all relevant dates.

(Use additional sheets of paper if necessary.)

DESIRED REMEDY:

_____ and that he be made whole in any and all other respects.

Step 1: Informal Resolution (Discussion with Supervisor) (within 10 working days of the event on which the grievance is based)

Discussion Date: _____

Supervisor's Response:

Step 2: Written Grievance Form to HRD Representative and Department Head or Appropriate Administrator (within 10 working days of the event on which the grievance is based)

Date Filed: _____ Meeting Date: _____

(within 5 working days after filing written grievance)

Relevant Information:

Date Response Received: (within 7 working days of meeting) _____

Response:

Step 3: Written Appeal to Vice President for HRD (within 5 working days after receipt of Step 2 response or within 12 working days after Step 2 meeting if no response is received)

Date Filed: _____ Meeting Date _____ (within 7 working days after of receipt of appeal)

Relevant Information:

Date Response Received: (within 7 working days of meeting) _____

Response: _____

Step 4: Written Appeal to Arbitration (Separate form to be filled out for Request for Arbitration. Notice to Vice President for HRD within 10 working days after the next regularly scheduled Union Executive Board Meeting, but no later than 45 calendar days after receipt of the Step 3 response.)

Date Filed: _____ Arbitration Date: _____

Date Response received from Arbitrator: _____

Resolution:

Mediation (Optional) (All parties may mutually agree to pursue mediation within the 45 calendar day period prior to Arbitration notification in Step 4; the use of mediation must be confirmed in writing; Step 4 notification of intent to arbitrate extended until 21 calendar days after conclusion of mediation, if used.)

Date Requested: _____ Mediation Date: _____

Relevant Information/Resolution _____

Unless otherwise indicated, by signing this grievance form, the aggrieved employee grants authorization to the Union to act in his/her behalf and to advance the grievance through the steps of the grievance procedure.

Signature of Aggrieved Employee

Date

Signature of Union Representative

Date

_____ I do not wish the Union to advance my grievance without express authorization.