# 

**UNIT 1 – Union of American Physicians and Dentists**

**EMPLOYEE GRIEVANCE FORM**

Please be sure to read [Article 8](https://www2.calstate.edu/csu-system/faculty-staff/labor-and-employee-relations/Documents/unit1-uapd/article8.pdf) of the collective bargaining agreement between CSU and UAPD, including the rules and definitions, before completing this form. UAPD and the CSU shall endeavor to use email whenever practicable.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | |
| Employee/Grievant Name(s) |  | Employee/Grievant Signature(s) | |
|  |  |  | |
|  |  |  | |
| Classification(s) |  | Department(s) | |
|  |  |  | |
|  |  |  | |
| Representative |  | Work Phone(s) and Email | |
|  |  |  | |
| Date the grievance was submitted: |  |  |

**LEVEL I – APPROPRIATE ADMINISTATOR**

**Note: This grievance form must be sent to the Employee and Labor Relations Department,** [**elr@csus.edu**](mailto:elr@csus.edu)

**Del Norte Hall Suite 3010, MS 6032, 6000 “J” Street, Sacramento, California, 95819**

**Description of Grievance**

|  |
| --- |
| 1. List the date the alleged grievance occurred or was discovered: |
|  |
|  |
| 2. Cite the specific term(s) of the Agreement alleged to have been violated: |
|  |
|  |
| 3. Please provide a detailed description of the specific grounds of the grievance including names, dates, places, and times necessary for complete understanding. Use additional sheets, if necessary. |
|  |
|  |
| 4. Please provide the requested remedy in the space provided below (box will expand): |
|  |

**Appeal to Level II**

**Note: This grievance form must be sent to the Employee and Labor Relations Department,**

[**elr@csus.edu**](mailto:elr@csus.edu)

**Del Norte Hall Suite 3010, MS 6032, 6000 “J” Street, Sacramento, California, 95819**

|  |
| --- |
| 1. Appropriate Administrator’s Level I response (please attach). |
| 2. Indicate the reasons why the Level I response is not acceptable in the space provided below (box will expand). Use additional sheets, if necessary: |
|  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Employee/Representative Signature |  | Date |

**Appeal to Level III**

**NOTE: Submissions to Level III must be sent to the Chancellor’s Office**

[**laborrelations@calstate.edu**](mailto:laborrelations@calstate.edu)

**401 Golden Shore, Long Beach CA 90802**

|  |
| --- |
| 1. University President’s Level II response (please attach). |
| 2. Indicate the reasons why the Level II response is not acceptable in the space provided below (box will expand). Use additional sheets, if necessary: |
|  | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Employee/Representative Signature |  | Date |