

**APPENDIX "A"  
UC/UAW STEP 2 GRIEVANCE FORM**

<b>UC/UAW STEP 2 GRIEVANCE FORM</b>		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. <b>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</b> (Form available at <a href="http://atyourservice.ucop.edu/employees/policies/systemwide_contracts/uaw/index.html">http://atyourservice.ucop.edu/employees/policies/systemwide_contracts/uaw/index.html</a> ).			
		GRIEVANT'S NAME * <small>LAST                                  FIRST                                  MI</small>		GRIEVANCE NUMBER (TO BE COMPLETED BY THE UNIVERSITY)	
BARGAINING UNIT CLASSIFICATION TITLE* (e.g. TA, Tutor, Reader, etc.)		GRIEVANT'S HIRING UNIT/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) OF THE UC/UAW AGREEMENT ALLEGED TO BE VIOLATED*			
DATE OF ALLEGED VIOLATION(S)*	DATE OF INFORMAL STEP 1 DISCUSSION WITH SUPERVISOR, IF ANY	DATE OF INFORMAL STEP 1 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	