APPENDIX G

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] * 2730 Telegraph Ave, Floor 1, Berkeley CA, 94705

REPRESENTATIVE'S NAME (IF REPRESENTED) *	REPRESENTATIVE'S ORGANIZATION (IF APPLICABLE) * UAW Local 5810	REPRESENTATIVE'S NON-UNIVERSITY TELEPHONE NUMBER

REPRESENTATIVE'S MAILING ADDRESS, CITY, STATE, ZIP

2730 Telegraph Ave, Floor 1, Berkeley CA, 94705

TYPE OF GRIEVANCE:	SPECIFIC ARTICLE(S), SECTION(S), & SUB-SECTION(S) OF THE UC/UAW AGREEMENT ALLEGED TO BE VIOLATED *
☐ INDIVIDUAL ☐ GROUP (LIST ALL NAMES) ☐ UNION	

DATE OF ALLEGED VIOLATION(S) *	DATE OF INFORMAL STEP DISCUSSION WITHSUPERVISOR IF ANY	DATE OF INFORMAL STEP RESPONSE, IF ANY	ARE YOU REQUESTING A STEP 2 MEETING ☐ YES ☐ 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 OFPAPER IF NEEDED.)

REMEDY REQUESTED *

GRIEVANT'S SIGNATURE	DATE
REPRESENTATIVE'S SIGNATURE (IF REPRESENTED)	DATE