

<b>UC/UAW STEP 2 GRIEVANCE FORM</b>		Allegations of a violation of the UC/UAW Agreement covering Postdoctoral Scholars 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 6, GRIEVANCE AND ARBITRATION, OR IT MAY BE INELIGIBLE FOR FURTHER PROCESSING (Form available at <a href="http://atyourservice.ucop.edu/employees/policies_employee_labor_relations/collective_bargaining_units/post_docs/contract_articles/px-ax-e-grievance-form-112010.pdf">http://atyourservice.ucop.edu/employees/policies_employee_labor_relations/collective_bargaining_units/post_docs/contract_articles/px-ax-e-grievance-form-112010.pdf</a>)</b>			
GRIEVANT'S NAME * LAST FIRST MI		GRIEVANCE NUMBER (TO BE COMPLETED BY THE UNIVERSITY)			
BARGAINING UNIT CLASSIFICATION TITLE (e.g. Postdoctoral Scholar-Employee, Postdoctoral Scholar-Fellow, 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) 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	