

# APPENDIX F

## EXCLUSIVE ASSIGNMENT DISPUTE RESOLUTION FORM

### PART 1: STATEMENT OF DISPUTE

I believe the assignment was arbitrarily or unreasonably imposed because:

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\_\_\_\_\_  
Disputant's Signature

\_\_\_\_\_  
UFF Representative's Signature

This form must be accompanied by all documentation that the employee wants to have reviewed, except for documentation the employee has requested but not received.

*I understand and agree that by filing this ADR dispute, I waive whatever rights I may have under chapter 120 of the Florida statutes with regard to the matters I have raised herein and under all other university procedures that may be available to address these matters.*