

APPENDIX F
EXCLUSIVE ASSIGNMENT DISPUTE RESOLUTION GRIEVANCE FORM

PART 1: STATEMENT OF DISPUTE

I believe the assignment was arbitrarily or unreasonably imposed because:

Grievant's Signature

UFF Grievance 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 GRIEVANCE, 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.

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PART 1: DECISION OF INDIVIDUAL MAKING THE ASSIGNMENT OR THAT PERSON'S REPRESENTATIVE

Date Filed

Receipt Acknowledged by Individual Making
Assignment or Representative

Date of Meeting

_____ The assignment was not arbitrarily or unreasonably imposed
_____ The disputed assignment has been resolved in the following manner:

Signature of Person making the assignment

Date of Decision

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PART 3: NOTICE OF INTENT TO REFER ASSIGNMENT DISPUTE TO MEDIATOR

The decision of the dean or the dean's representative is not satisfactory and the UFF grievance representative hereby gives notice of intent to refer the ADR grievance to a mediator.

Grievant's Signature

Date of Receipt by University's Representative

UFF Grievance Representative

Receipt Acknowledged by University's Representative

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PART 4: MEDIATOR'S DECISION

The disputed assignment was _____/was not _____ arbitrarily or unreasonably imposed.

Reasons for the determination that the assignment was arbitrarily or unreasonably imposed are:

Suggested Remedy (Optional):

UFF Grievance Representative's Signature

Grievant's Signature

Mediator's Signature

Date Decision Issued