

## Appendices

### **APPENDIX A**

#### **POSITION CLASSIFICATIONS IN THE BARGAINING UNIT**

All employees in the following position classifications holding regular, visiting, provisional, research, affiliate, clinical, or joint appointments:

9001 - Professor	9150 - Curator
9002 - Associate Professor	9151 - Associate Curator
9003 - Assistant Professor	9152 - Assistant Curator
9004 - Instructor	9153 - Staff Physicist
9005 - Lecturer	9160 - Scholar/Scientist/Engineer
9006 - Graduate Research Professor	9161 - Associate Scholar/Scientist/Engineer
9007 - Distinguished Service Professor	9162 - Assistant Scholar/Scientist/Engineer
9009 - Eminent Scholar	9166 - Research Associate
9014 - Associate Instructor	9173 - Counselor/Advisor
9015 - Associate Lecturer	9178 - Instructional Specialist
9016 - University School Professor	9334 - Specialist, Computer Research
9017 - University School Associate Professor	9394 - Coordinator, Cooperative Education
9018 - University School Assistant Professor	9419 - Coordinator, Research Information
9019 - University School Instructor	9433 - Specialist, Music
9024 - Senior Instructor	9434 - Psychologist
9025 - Senior Lecturer	9435 - Resident Advisor to Students
9053 - University Librarian	9460 - Psychiatrist
9054 - Associate University Librarian	9462 - Physician
9055 - Assistant University Librarian	9464 - Physician's Assistant
9056 - Instructor Librarian	9490 - Dentist
9115 - Coordinator	9495 - Specialist, Student Counseling
9120 - Associate in _____	9506 – Specialist, Social Work Services
9121 - Assistant in _____	
9126 - Program Director	

And employees in the above classifications with the following administrative titles: Associate Chair (C2), Assistant Chair (C3), Coordinator (N1), Program Director (G1), Associate Program Director (G2), Assistant Program Director (G3), Department Head (H1), Associate Department Head (H2), Assistant Department Head (H3), and Counselor/Advisor (B1).

**EXCLUDED:** President, Vice-President, Provost, Chairpersons and all other employees on administrative contracts, managerial, confidential, and all other employees of the University of Central Florida.

***APPENDIX B***

(Reserved, intentionally blank)

**APPENDIX C**

University of Central Florida Board of Trustees/United Faculty of Florida

**GRIEVANCE FORM – STEP 1**

(Deliver to Academic Affairs – Millican Hall 331 or email to CCAS@ucf.edu)

I. This grievance was received by the University on \_\_\_\_\_ (date).

Delivered by (check one):

\_\_\_\_\_ personal delivery;

\_\_\_\_\_ certified or registered return receipt requested mail;

\_\_\_\_\_ fax - original document containing grievant's & grievance representative's signature (if applicable) must be received by CCAS as soon as possible;

\_\_\_\_\_ other (please specify: \_\_\_\_\_).

**GRIEVANT**

**GRIEVANCE REPRESENTATIVE**  
(if elected by grievant as per Section III)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

email: \_\_\_\_\_

email: \_\_\_\_\_

College &  
Department: \_\_\_\_\_

College &  
Department: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If grievant is represented by the UFF or legal counsel, all university communications should go to the grievant's representative unless otherwise agreed to in writing by the grievant and grievant's representative.

**II. GRIEVANCE**

Article(s) and Section(s) of the Agreement allegedly violated (If necessary, attach additional page):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statement of grievance (must include date of acts or omissions complained of). Be specific and include as much detail as possible to clarify the issues. Use additional sheets of paper if necessary and attach supporting documents.

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Remedy Sought (Please attach additional sheets of paper, if necessary):

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III. AUTHORIZATION

I will be represented in this grievance by: (check one - representative must sign on appropriate line):

UFF \_\_\_\_\_  
 Legal Counsel \_\_\_\_\_  
 Myself \_\_\_\_\_

I (do)\_\_\_\_\_ (do not)\_\_\_\_\_ want a postponement for up to 30 days to seek informal resolution of this grievance.

I UNDERSTAND AND AGREE THAT BY FILING THIS 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 WHICH MAY BE AVAILABLE TO ADDRESS THESE MATTERS.

\_\_\_\_\_  
Signature of Grievant  
(Grievant must sign if grievance is to be processed.)

The Step 1 decision shall be transmitted to grievant's Step 1 representative by personal delivery with written documentation of receipt, via email, or by certified mail, return receipt requested. A copy of this decision shall also be sent to the UFF grievance representative if grievant elected self-representation or representation by legal counsel.

**APPENDIX D**

University of Central Florida Board of Trustees/United Faculty of Florida

**GRIEVANCE FORM – STEP 2**

(Deliver to Academic Affairs – Millican Hall 331 or email to CCAS@ucf.edu)

I. This grievance was received by the University on \_\_\_\_\_ (date).

Delivered by (check one):

\_\_\_\_\_ personal delivery;

\_\_\_\_\_ certified or registered return receipt requested mail;

\_\_\_\_\_ fax - original document containing grievant's & grievance representative's signature (if applicable) must be received by CCAS as soon as possible;

\_\_\_\_\_ other (please specify: \_\_\_\_\_).

**GRIEVANT**

**GRIEVANCE REPRESENTATIVE**  
(if elected by grievant as per Section III)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

email: \_\_\_\_\_

email: \_\_\_\_\_

College &  
Department: \_\_\_\_\_

College &  
Department: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If grievant is represented by the UFF or legal counsel, all university communications should go to the grievant's representative unless otherwise agreed to in writing by the grievant and grievant's representative.

II. PLEASE MARK AND COMPLETE APPROPRIATE SECTION BELOW:

\_\_\_\_\_ REQUEST FOR REVIEW OF STEP 1 SUMMARY

Grievant's representative received the Step 1 decision on: \_\_\_\_\_ (date)

I hereby request that the University's representative review the summary made in connection with the Step 1 grievance because (If necessary, attach additional page):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ INITIAL GRIEVANCE IS BEING FILED AT STEP 2 LEVEL

I (do)\_\_\_\_\_ (do not)\_\_\_\_\_ want a postponement for up to 30 days to seek informal resolution of this grievance.

**STEP 2 GRIEVANCE**

Article(s) and Section(s) of the Agreement allegedly violated (If necessary, attach additional pages):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statement of grievance (must include date of acts or omissions complained of). Please be specific and include as much detail as possible to clarify the issues. Use additional sheets of paper if necessary and attach supporting documents.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remedy Sought (Please attach additional sheets of paper, if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. AUTHORIZATION**

I will be represented in this grievance by: (check one - representative must sign on appropriate line):

\_\_\_\_\_ UFF \_\_\_\_\_  
\_\_\_\_\_ Legal Counsel \_\_\_\_\_  
\_\_\_\_\_ Myself \_\_\_\_\_

I UNDERSTAND AND AGREE THAT BY FILING THIS 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 WHICH MAY BE AVAILABLE TO ADDRESS THESE MATTERS.

\_\_\_\_\_  
*Signature of Grievant* (Grievant must sign if grievance is to be processed.)

The Step 2 decision shall be transmitted to grievant's Step 2 representative by personal delivery with written documentation of receipt, via email, or by certified mail, return receipt requested. A copy of this decision shall also be sent to the UFF grievance representative if grievant elected self-representation or representation by legal counsel.

**APPENDIX E**

University of Central Florida Board of Trustees/United Faculty of Florida  
**NOTICE OF ARBITRATION**

The United Faculty of Florida hereby gives notice of its intent to proceed to arbitration in connection with the decision of the University dated \_\_\_\_\_ and received by the UFF State Office on \_\_\_\_\_ in this grievance of:

NAME: \_\_\_\_\_

DATE OF FILING: \_\_\_\_\_

The following statement of issue(s) before the Arbitrator is proposed:

This notice was filed with Academic Affairs on \_\_\_\_\_(date) by (check one):

mail (certified or registered, restricted delivery, return receipt requested) \_\_\_\_;  
personal delivery \_\_\_\_;  
other (specify) \_\_\_\_\_.

Date of receipt by Academic Affairs: \_\_\_\_\_

\_\_\_\_\_  
Signature of Statewide UFF President, Director of Arbitrations, or designee

I hereby authorize UFF to proceed to arbitration with my grievance. I also authorize UFF and the University or its representatives to use, during the arbitration proceedings, copies of any materials in my evaluation file pertinent to this grievance and to furnish copies of the same to the arbitrator.

\_\_\_\_\_  
Signature of Grievant

This notice should be sent to: UNIVERSITY OF CENTRAL FLORIDA  
CCAS, Academic Affairs, MH 331  
4365 Andromeda Loop N  
Orlando, FL 32816-0065  
Or via email to CCAS@ucf.edu

**APPENDIX F**  
**EXCLUSIVE ASSIGNMENT DISPUTE RESOLUTION GRIEVANCE FORM**

*PART 1: STATEMENT OF DISPUTE*

I believe the assignment was arbitrarily or unreasonably imposed because:

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\_\_\_\_\_  
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.



**APPENDIX F**  
**EXCLUSIVE ASSIGNMENT DISPUTE RESOLUTION GRIEVANCE FORM**

*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

**APPENDIX F**  
**EXCLUSIVE ASSIGNMENT DISPUTE RESOLUTION GRIEVANCE FORM**

*PART 2: NOTICE TO AND DECISION OF DEAN OR DEAN'S REPRESENTATIVE*

The decision of the Individual making the assignment or that person's representative is not satisfactory and the grievant and/or the UFF grievance representative hereby give notice that the ADR shall be referred to the dean or dean's representative.

\_\_\_\_\_  
Grievant's Signature      Date of Receipt

\_\_\_\_\_  
UFF Grievance Representative Receipt      Acknowledged by Dean or  
Dean's Representative

\_\_\_\_\_  
Date of Conference

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Dean or Dean's Representative      Date of Decision



**APPENDIX F**  
**EXCLUSIVE ASSIGNMENT DISPUTE RESOLUTION GRIEVANCE FORM**

*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:

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Suggested Remedy (Optional):

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

\_\_\_\_\_  
Grievant's Signature

\_\_\_\_\_  
Mediator's Signature

\_\_\_\_\_  
Date Decision Issued