

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 DECISION

Grievant’s representative received the Step 1 decision on: _____ (date)

I hereby request that the University’s representative review the attached decision made in connection with the attached 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.