APPENDIX E

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

NOTICE OF ARBITRATION

decision of the University dated grievance of: NAME:	notice of its intent to proceed to arbitration in co and received by the UFF State Office on	
DATE OF FILING:		
The following statement of issue(s) before	the Arbitrator is proposed:	
This notice was filed with Academic Affairsmail (certified or registered, restrictpersonal deliveryother (specify) Date of receipt by Academic Affairs:		
Signature of Statewide UFF President, Dire	ector of Arbitrations, or designee	
· · · · · · · · · · · · · · · · · · ·	ration with my grievance. I also authorize UFF and ion proceedings, copies of any materials in my evolume to the arbitrator.	•
Signature of Grievant		
This notice should be sent to: UNIVERSITY via email to: CCAS@ucf.edu	OF CENTRAL FLORIDA, CCAS, Academic Affairs	
Or: 4365 Andromeda Loop N, MH 331, Orl	ando, FL 32816-0065	

Or: fax: 407-823-6155

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.

2 | P a g e

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	
	ras not arbitrarily or unreasonably imposed gnment has been resolved in the following manner:
Signature of Person mak	ing the assignment Date of Decision

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	Acknowledged by Dean or Dean's Representative	
Date of Conference		
	rarily or unreasonably imposed: been resolved in the following manner:	
	_	
Dean or Dean's Representative	Date of Decision	

EXCLUSIVE ASSIGNMENT DISPUTE RESOLUTION GRIEVANCE FORM

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

EXCLUSIVE ASSIGNMENT DISPUTE RESOLUTION GRIEVANCE FORM

PART 4: MEDIATOR'S DECISION

The disputed assignment was/was n	ot	_ arbitrarily	or unreasonal	oly imposed.
Reasons for the determination that the assign	nment was ark	oitrarily or ur	reasonably in	nposed are:
Suggested Remedy (Optional):				
UFF Grievance Representative's Signature	Grievant's	Signature		
 Mediator's Signature	 Date Decis	ion Issued		

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