

THE CALIFORNIA STATE UNIVERSITY
GRIEVANCE FORM
Unit 6

LEVEL OF FILING	
Level II - Director, Plant Operations	<input type="checkbox"/>
Level III - President	<input type="checkbox"/>
Level IV - Employee Relations Division, Office of the Chancellor	<input type="checkbox"/>

DATE _____
CAMPUS _____
DEPARTMENT _____
BARGAINING UNIT _____

IMMEDIATE
SUPERVISOR _____

NAME	CLASSIFICATION	CAMPUS TELEPHONE NUMBER
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Term of agreement alleged violated (contract provision number)

Detailed description of the grounds of the grievance (include names, dates, places, and times)

(If more space is needed, additional sheets may be attached.) Cont'd on Page 2

Proposed Remedy:

Grievant's Signature _____

Name of representative _____

Name and address of union _____

Response:

LEVEL II

LEVEL III

LEVEL IV

Signature _____ Title _____ Date _____

Please provide one copy of each grievance filing or response to: a) employee;
b) employer (level of filing) ; c) Employee Relations Division, Office of the
Chancellor

DATE :

GRIEVANT :

DESCRIPTION OF GRIEVANCE - CONT'D