

UNIVERSITY OF CALIFORNIA MERCED FORMAL CONTRACT GRIEVANCE

Allegations of a violation of a contract in effect between the University and the State Employees Trade Council – United, must be filed on this form. See your contract for details regarding the filing of grievances. ALL INFORMATION REQUESTED BELOW MUST BE PROVIDED EITHER PRINTED OR TYPED.

LEVEL OF FILING
Step 2 - Department Review
Step 3 - Campus Review

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|---|---------------------------------|
| GRIEVANT'S NAME (Last, First, Middle Initial) | GRIEVANT'S CLASSIFICATION TITLE |
|---|---------------------------------|

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|-------------------------|---------------------------|------------------|
| GRIEVANT'S JOB LOCATION | GRIEVANT'S WORK TELEPHONE | GRIEVANCE NUMBER |
|-------------------------|---------------------------|------------------|

ADDRESS TO WHICH REQUIRED CORRESPONDENCE MAY BE SENT TO GRIEVANT

IF REPRESENTED IN THIS GRIEVANCE, PROVIDE THE FOLLOWING:
 REPRESENTATIVE'S NAME/ADDRESS/PHONE

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|---|---|
| 6366 Commerce Blvd., #346 Rohnert Park, CA 94928 | BARGAINING UNIT State Employees Trades Council-United INFORMAL MEETING DATE SUPERVISOR |
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|---------------------------------------|---|
| ALLEGED VIOLATION OF AGREEMENT | Set forth Section and provision allegedly violated; the action grieved and how it violated stated provisions; how grieving employee was adversely affected; and the remedy requested. Violations include, but are not limited to the following: |
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| REMEDY REQUESTED | |
|-------------------------|--|

plus...any other remedy needed to effectuate the above.

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| GRIEVANT SIGNATURE | REPRESENTATIVE SIGNATURE/DATE |
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UNIVERSITY USE ONLY

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|---------------|----------------|----------------------|--------------------------------------|-----------|-----------|------------------|
| LOCATION | UNIT | YEAR | NAME OF DESIGNATED GRIEVANCE OFFICER | | | |
| DATE RECEIVED | DEIVERY METHOD | INFORMAL REVIEW DATE | CAREER | FULL TIME | PROBATION | REFERENCE NUMBER |
| | | | CASUAL | PART TIME | | |