

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;

_____ email – original document containing grievant’s and grievance representative’s signature (if applicable) must be received by CCAS as soon as possible;

_____ other (please specify: _____).

GRIEVANT

Name: _____

Mailing address:

email: _____

College &
Department: _____

Phone:

GRIEVANCE REPRESENTATIVE

(if elected by grievant)

Name: _____

Mailing address:

email: _____

College &
Department: _____

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

STEP 2 GRIEVANCE

Article(s) and Section(s) of the Agreement allegedly violated (Be specific/complete. If necessary, attach additional pages): If this grievance is a continuation of the Step 1 grievance, only those specific acts or omissions and sections of the Agreement identified at the initial filing may be considered at Step 2.

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.

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.