Appendices

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 (do) (do not) want a postponement for up to 30 days to seek informal resolution of this grievance.

Commented [CP1]: 20.8(e)(1)(b) permits a postponement period that was not captured by Apx. D. (verbiage copy-paste from Apx. C)

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.