

This grievance was received and filed with the University by (CHECK ONE):

_____ Mail (CIRCLE ONE: certified, registered, restricted delivery, return receipt requested, OR

_____ PERSONAL DELIVERY. Personal Delivery requires signature of recipient.

Received by _____ Date _____

University of South
Florida Board of Trustees - AFSCME

Appendix C
Grievance

GRIEVANT NAME: _____

CAMPUS: _____

DEPT/DIV: _____

OFFICE PHONE: _____

STEWARD/AFSCME EMPLOYEE REPRESENTATIVE

NAME: _____

CAMPUS: _____

DEPT/ DIV: _____

OFFICE PHONE: _____

OFFICE ADDRESS: _____

All university communications shall go to the Steward/AFSCME Employee Representative at the above address.

STATEMENT OF GRIEVANCE -- must cite the specific Articles and Sections of the Agreement allegedly violated and the specific acts or omissions giving rise to the allegations:

REMEDY SOUGHT:

(APPENDIX C continued)

III. AUTHORIZATION

I will be represented in this grievance by: (check one - representative must sign on appropriate line):

____ AFSCME _____

____ Myself _____

____ Other _____

I have read and understand Section 6.5A of the current Agreement between the University and AFSCME.

Signature of Grievant(s) Date

(The grievance will not be processed unless signed by the grievant.)

The Step 1 decision shall be transmitted to grievant's Steward/AFSCME Employee Representative by personal delivery with written documentation of receipt or by certified mail, return receipt requested, or by another method mutually agreed upon in writing.

This request should be sent to:

HUMAN RESOURCES BOARD OF TRUSTEES, UNIVERSITY OF SOUTH FLORIDA 4202
E. Fowler Avenue, SVC 2172 Tampa, Florida 33620-6980