


Appendix C
Grievance Form

<p align="center">CUE TEAMSTERS LOCAL 2010</p>  <p align="center">CLERICAL AND ALLIED SERVICES UNIT</p> <p align="center">GRIEVANCE FORM</p>	<p>NOTICE TO CLERICAL AND ALLIED SERVICES UNIT EMPLOYEES:</p> <ul style="list-style-type: none"> • A grievance is a written employee complaint that the University has violated a specific provision of the UC-CUE TEAMSTERS LOCAL 2010 collective bargaining contract. <u>Grievances must be filed on this form.</u> • A grievance must be filed within 30 days of the date of the alleged violation – or the date you became aware of the alleged violation. If mailed, the date of the US Postal Service postmark is the filing date. • Step 3 appeals can be filed by a). US Postal service addressed to: Director of Labor Relations, 10th floor, 300 Lakeside Drive, Oakland, CA 94608 in accordance with Article 7.F.3.b.1 or b). by personal delivery in accordance with the requirements of Article 7.F.3.b.2 or c). electronically at: AppealAGrievance@ucop.edu in accordance with the requirements of Article 7.F.3.b.3. If you wish to file a grievance, you are advised to contact your local 2010 union representative. For a list of Local 2010 representatives, see: http://www.teamsters2010.org 1-888 900-8989 	
<p>Allegations of a violation of the collective bargaining Agreement in effect between the University and CUE TEAMSTERS LOCAL 2010 must be filed on this form. See your Agreement for details regarding the filing of a grievance. PLEASE PROVIDE THE INFORMATION REQUESTED IN ACCORDANCE WITH ARTICLE 7, GRIEVANCE PROCEDURE OF THE COLLECTIVE BARGAINING AGREEMENT.</p>		
GRIEVANT'S NAME	NAME OF GRIEVANT'S IMMEDIATE SUPERVISOR	
CAMPUS/MEDICAL CENTER/ LABORATORY	DEPARTMENT/DIVISION	WORK TELEPHONE
EMPLOYEE CLASSIFICATION TITLE	NON-WORK ADDRESS TO WHICH CORRESPONDENCE MAY BE SENT TO GRIEVANT	
<p>EMPLOYEE EMPLOYMENT STATUS</p> <input type="checkbox"/> Career/Regular <input type="checkbox"/> Probationary <input type="checkbox"/> Full time <input type="checkbox"/> Casual/Temporary <input type="checkbox"/> Per Diem <input type="checkbox"/> Part Time	GRIEVANT'S NORMAL HOURS OF WORK	
IF REPRESENTED IN THIS GRIEVANCE, PROVIDE THE FOLLOWING:		
REPRESENTATIVE'S NAME	REPRESENTATIVE'S ORGANIZATION	REPRESENTATIVE'S TELEPHONE NUMBER
CUE TEAMSTERS LOCAL 2010		
REPRESENTATIVE'S NON-WORK ADDRESS, CITY, STATE, ZIP		
<p>TYPE OF GRIEVANCE:</p> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GROUP (LIST ALL GRIEVANTS) <input type="checkbox"/> UNION (MUST BE SIGNED BY THE PRESIDENT OR DESIGNEE)	SPECIFIC ARTICLE(S) & SECTION(S) OF THE CONTRACT ALLEGED TO BE VIOLATED:	
DATE OF ACTION CAUSING GRIEVANCE ____/____/____	DATE OF INFORMAL DISCUSSION WITH SUPERVISOR ____/____/____	DATE OF INFORMAL RESPONSE ____/____/____
ALLEGED VIOLATION(S) OF AGREEMENT		
REMEDY REQUESTED		
GRIEVANT'S AND/OR REPRESENTATIVE'S SIGNATURE	DATE	

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GRIEVANCE REVIEW – STEP 1

DATE STEP 1 GRIEVANCE RECEIVED BY UC:	DATE OF UC RESPONSE:	
STEP 1 DECISION		
SIGNATURE OF STEP 1 REVIEWER	PRINTED NAME AND TITLE OF STEP 1 REVIEWER	TELEPHONE NUMBER
<input type="checkbox"/> I DO NOT ACCEPT AND APPEAL THIS GRIEVANCE TO THE SECOND STEP (STATE SUBJECT BELOW)	GRIEVANT'S AND/OR REPRESENTATIVES SIGNATURE	DATE
SUBJECT OF GRIEVANCE AT STEP 2, IF DIFFERENT THAN SUBJECT OF GRIEVANCE AT STEP 1.		

GRIEVANCE REVIEW – STEP 2

DATE STEP 2 APPEAL POSTMARKED/ HAND-DELIVERED	DATE STEP 2 APPEAL RECEIVED BY UC	DATE OF UC RESPONSE	DECISION ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE OF STEP 2 REVIEWER		PRINTED NAME AND TITLE OF STEP 2 REVIEWER	
<input type="checkbox"/> I DO NOT ACCEPT AND APPEAL THIS GRIEVANCE TO THE THIRD STEP (STATE SUBJECT BELOW)	GRIEVANT'S AND/OR REPRESENTATIVE'S SIGNATURE	DATE	
SUBJECT OF GRIEVANCE AT STEP 3, IF ANY ISSUE(S) OF GRIEVANCE AT STEP 2 HAS BEEN RESOLVED.			

GRIEVANCE REVIEW – STEP 3

DATE STEP 3 APPEAL POSTMARKED/HAND-DELIVERED/DATE EMAIL RECEIVED	DATE STEP 3 APPEAL RECEIVED BY UC	DATE OF UC RESPONSE	DECISION ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE OF STEP 3 REVIEWER		PRINTED NAME AND TITLE OF STEP 3 REVIEWER	