

GRIEVANCE PROCEDURE FORM

(attach additional sheets when necessary)

This grievance is being submitted pursuant to the collective negotiating contract between the University and the AAUP Council of Chapters, UMDNJ

SUBMITTED BY:

Name of Faculty member: _____ Title: _____

UMDNJ Unit: _____ Department: _____

STEP ONE (To be forwarded to appropriate Dean.)

Date of Grievance: _____ Date of event giving rise to grievance: _____

Subject of grievance: Article V.§B(1) Article V.§B(2)

If grievance is contractual, state article and paragraph claimed to be violated:

If grievance is non-contractual, state which written University policies, rules or procedures are claimed to be violated

Faculty member's statement of facts giving rise to the grievance:

To correct my grievance the following should be done:

Signature of Faculty member: _____ Date: _____

Date of meeting between Dean and Faculty: _____

Answer by Dean:

Signature of Dean: _____ Date of decision rendered: _____

I do / do not acknowledge settlement of my grievance at Step One.

Signature of Faculty mem- _____ Date: _____

I intend to appeal the Step One decision and seek arbitration.

_____ Date of Appeal _____ Signature of Appellant

n.b.: ARBITRATION CAN BE REQUESTED ONLY BY THE AAUP OR THE UNIVERSITY BY WRITTEN NOTIFICATION OF INTENT TO ARBITRATE TO THE OTHER PARTY AND TO THE STATE'S OFFICE OF EMPLOYEE RELATIONS. COMPLETION OF THIS FORM IS NOT SUFFICIENT NOTICE.

EXTENSIONS OF TIME LIMITS:

Requested By:	Date	Step #	Length of Extension	Agreed by	Date