

**THE CALIFORNIA STATE UNIVERSITY
INDIVIDUAL GRIEVANCE FORM
UNIT 3**

Name: _____ Date of Submission to Campus: _____
Classification: _____ Name of CFA Contact or other
Department or Representative: _____
Equivalent Unit: _____ Address of CFA Contact or other Representative:
Campus: _____
Campus Telephone: _____

Election: Pursuant to Article 10.6 of the CFA/CSU Agreement the grievant(s) elect(s) that the procedure under which this grievance shall be determined will be:

- A: The Contractual Procedure
- B: Faculty Hearing Committee (The Statutory Procedure)

Failure by the grievant to make an appropriate election above shall result in the automatic processing of his/her grievance under the contractual procedure.

When Claiming a Violation of the Collective Bargaining Agreement:

Term or terms of agreement alleged violated, misapplied or misinterpreted (provision number or numbers):

When Claiming a Violation Based Upon A Statutory Right:

The rights alleged violated in connection with his/her job classification, benefits, working conditions, appointment, reappointment, tenure, promotion, reassignment, or the like, including but not limited to rights arising under this agreement.

Brief description of the grounds of the grievance (including names, dates, places, times, etc., necessary for complete understanding):

Proposed remedy:

Grievant Signature: _____ Date: _____

Authorized CFA Signature: _____ Date: _____
(Statutory Grievance Accepted by CFA for Representation)

IMPORTANT NOTE: The collective bargaining agreement requires that all grievances be filed by:

1. Personal Delivery, or
2. Certified Mail, with Return Receipt

Please provide one copy of each grievance filing and response to: (a) employee; (b) employer (level of filing); (c) CSU Campus Relations and Dispute Resolution, Office of the Chancellor, 401 Golden Shore, 4th Floor, Long Beach, California 90802-4210; (d) CFA, 908 9th Street, Suite 2250, Sacramento, CA 95814-2716.

LEVEL OF FILING

Level I - (Statutory and Contractual Grievances) Date: _____

25-day Informal Resolution Request

Level II - (C.O. - Contractual Grievances only) Date: _____

Response:

Level I Level II