APPENDIX F

THE CALIFORNIA STATE UNIVERSITY
REQUEST FOR RECONSIDERATION
UNIT 4

LEVEL OF FILING                          DATE OF FILING   Campus:
Level I - Appropriate Administrator       Department or Equivalent Unit
Level II - President                      ____________________
Level III - Labor Relations                Appropriate
Office of the Chancellor                   Administrator: ____________________
(Only alleged violations of written system policies may be pursued to this level.)

REQUESTOR’S NAME                         CLASSIFICATION     CAMPUS TELEPHONE NUMBER

Specific term policy/rule alleged violated:

/\     Written campus policy/work rule:

/\     Written systemwide policy/work rule:

Detailed description of the grounds of the alleged violation (include dates, places, times, etc.):

(If more space is needed, additional sheets may be attached.)

Proposed remedy:

Requestor's signature:

Requestor's address:

Name of representative:
Representative's address and telephone number:
Response:

Level I // Level II // Level III //

Signature: ___________________________ Title: ___________________________ Date: __________

Please provide one copy of each reconsideration request filing or response to: a) employee; b) Employer (level of filing); c) Labor Relations, Office of the Chancellor, 401 Golden Shore, Long Beach, CA 90802; d) employee's representative.

(Revised 2005)