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
Office of the Chancellor ________________ Appropriate

(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:

CSU/APC
Collective Bargaining Agreement
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)