THE CALIFORNIA STATE UNIVERSITY

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:	• •	
Email address:	-	
Election: Pursuant to Article 10.6 of the CFA/procedure under which this grievance shall be	CSU Agreement, the grievant(s) elect(s) that the pe processed will be:	
A: the Contractual Procedure \Box		
If no election made, the grievance shall autor procedure.	matically be processed under the contractual	
B: the Statutory Procedure (Faculty Hearing	Committee) □	
Unless accompanied by Authorized CFA Sign	nature, CFA has not agreed to representation.	
Authorized CFA Signature:	; CFA agrees to representation.	

Term or terms of agreement alleged violated, misapplied or misinterpreted (provision number or numbers) for Contractual Procedure. Or any 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 the agreement for Statutory Procedure.

Claimed Violation(s)

Brief description (of the grounds of the grievance including names, dates, places, times, etc., necessary for complete understanding):
-	
Proposed re	medy:
Grievant Sig	gnature: Date:
filed by:	 Personal Delivery, Certified Mail, with Return Receipt, or Electronically (email or fax) with scanned, signed copy. ses shall be provided to: (a) grievant(s); (b) CSU Campus Relations and Dispute
Resolution,	Office of the Chancellor, 401 Golden Shore, 4th Floor, Long Beach, California and (c) CFA, 1110 K Street, Sacramento, CA 95814.
	LEVEL OF FILING
	Level I - (Statutory and Contractual Grievances) Date:
	25-day Informal Resolution Request \square
	Level II - (C.O Contractual Grievances only) Date:
Response:	