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 (Only alleged violations of written system policies may be	Appropriate Administrator: 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:	l <u>.)</u>
Requestor's signature:	
Requestor's address:	
Name of representative: Representative's address <u>and</u> telephone number:	

Response:			
Level I //	Level II //	Level III //	
Signature:	Title:	Date:	
Please provide one copy	of each reconsideration re	equest filing or response to: a) of	employee; b)
Employer (level of filing)	; c) Labor Relations, Office	ce of the Chancellor, 401 Golden	Shore, Long
Beach, CA 90802; d) en	nployee's representative.		
(Revised 2005)			