

UNF – UFF Collective Bargaining Agreement 2017-2020

APPENDIX C
GRIEVANCE FORM
UNIVERSITY OF NORTH FLORIDA
Board of Trustees – United Faculty of Florida

I. Date the Office of Employee and Labor Relations or UFF/grievant notified the other party that the dispute cannot be informally resolved:

_____.

II. This grievance is being filed with the Office of Employee and Labor Relations on _____ (must be within 15 days from the date a party determined the alleged violation(s) could not be informally resolved) by:

Personal delivery _____

U. S. Mail _____

Personal fax _____

Date received by the Office of Employee and Labor Relations (as authenticated by receipt, postmark, or date recorded on fax, as applicable): _____

GRIEVANT

GRIEVANCE REPRESENTATIVE

NAME: _____
(print)

NAME: _____
(print)

CAMPUS MAILING ADDRESSES:

COLLEGE: _____

COLLEGE: _____

DEPT: _____

DEPT: _____

OFFICE PHONE: _____

OFFICE PHONE: _____

If grievant is represented by the UFF or legal counsel, all university communications should go to the grievant’s representative. Other address to which university mailings pertaining to grievance shall be sent:

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III. GRIEVANCE

Article(s) and Sections(s) of Agreement allegedly violated: _____

Statement of grievance (must include date of acts or omissions complained of):

Remedy Sought:

IV. AUTHORIZATION

I will be represented in this grievance by (check one — representative must sign on appropriate line):

_____ UFF _____

_____ Legal Counsel _____

_____ Myself _____

If the grievant elects self-representation or to be represented by legal counsel, the UFF/UNF shall also be notified in writing of the date, time, and place of any meeting or hearing called for the purpose of discussing the grievance, shall have the right to have an observer present at all meetings and/or hearings called for the purpose of discussing such grievance, and shall be sent copies of all decisions at the same time as they are sent to the other parties. No resolution of any individually processed grievance can be inconsistent with the terms of this Agreement.

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I UNDERSTAND AND AGREE THAT BY FILING THIS GRIEVANCE, I WAIVE WHATEVER RIGHTS I MAY HAVE UNDER CHAPTER 120 OF THE FLORIDA STATUTES (i.e., one must choose between the collective bargaining grievance process or a hearing before the Division of Administrative Hearings) WITH REGARD TO THE MATTERS I HAVE RAISED HEREIN AND UNDER ALL OTHER UNIVERSITY PROCEDURES WHICH MAY BE AVAILABLE TO ADDRESS THESE MATTERS.

Signature of Grievant
(Grievant must sign if grievance is to be processed.)

Date

The decision of the University Administration’s hearing officer shall be transmitted, by personal delivery with written documentation of receipt or by certified mail, return receipt requested, to the UFF/UNF Grievance Representative or the Grievant (if not represented by UFF). A copy of the decision shall also be transmitted by U.S. Mail, email, or personal fax to the UFF State Office and the UNF President’s Representative for Contract Administration (and the grievant’s attorney if the grievant elected to be represented by legal counsel).

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