

APPENDIX I

GRIEVANCE FORMAT (STEP 1)*

Grievant's Name _____

Campus and Department _____

Mailing Address _____ Telephone _____

PSCFA Grievance Committee Representative _____

Telephone _____ Date of Incident Being Grieved _____

Section(s) of Collective Bargaining Agreement Related to Grievance:

Specific Description of Violation/Misapplication of Above Section(s) (including resultant harm to grievant):

Specific Remedy Sought by Grievant:

Step One Response Due Date (14 College business days after receipt of this form) _____

Immediate Supervisor Response:

Signature of Grievant

Date

Received by (Immediate Supervisor or designee)

Date

cc: PSCFA President
Board of Trustees Contract Administrator

***This appendix may be used as a form for submission of a grievance or as a format to follow when submitting a grievance. Attach additional pages as necessary. Please insure that all requested information is included.**