APPENDIX C GRIEVANCE FORM

Association of Classified Employees of Umpqua Community College

<u>Section 1 – Employee:</u> Fill in Section 1 completely. Make a copy of the form for yourself before turning in the original to the Director of Human Resources.

Director of Human Resources.	
Employee:	ID#:
(Employee's printed name)	(80 0XXXXXX)
Supervisor:	Date of incident:
Supervisor:(Supervisor's printed name)	_
I met with my supervisor, completing step B.1.a. of the Grievance Proce	edure on
The will my supervisor, completing step 21.1 of the circumstructure	(Date)
Agreement provisions(s) involved (e.g. XXII.C.1.a.):	
What happened? Provide a clear and concise statement of the alleged grain based. (Attach other documents as needed):	rievance, including the facts upon which the grievance

ow did this violate the contract? Provide the contractual issues invol-	ved. (Attach other documents as needed):
can this be resolved? Describe the relief sought. (Attach other do	cuments as needed):
nber of attachments:	
ployee signature:	Date:
tion 2 – Director of Human Resources: Sign below acknowledgin	ng receipt (not agreement) of the form.
nature of receipt:	Date:
Printed name:	

2017-2020 Page | 53