

**Academic Personnel Grievance:
Request for Formal Review**

This form is used by academic appointees who are not members of the Academic Senate. Three copies should be submitted to the Vice Provost--Academic Personnel, the Grievance Liaison. Additional pages may be attached, if necessary. Before filing a grievance, academic employees should consult Academic Personnel Manual Sections APM-140 and UCD-140.

If you are a *current* employee, this grievance must be submitted within 30 calendar days from the date of the act being grieved. If you are a *separated* employee, this grievance must be submitted within 30 calendar days from the date of separation.

Name (please print) _____

Title _____

Home address _____

Home telephone _____ Email _____

1. Describe the specific administrative action for which this grievance is being filed and in what regard you consider the action to be arbitrary or capricious.
2. Describe how you have been adversely affected by the action described above.
3. Identify the specific sections and provisions of applicable University rules, regulations, or academic personnel policies that you believe have been violated. Describe how they have been violated.
4. On what date(s) did attempts at informal resolution occur? Whom did you contact to attempt informal resolution? (If applicable, please indicate below the date and the individual you contacted to use the sexual harassment complaint process as a form of informal resolution under Step I, and the date you were notified of the result of the sexual harassment complaint or the date you filed the sexual harassment complaint.)

5. What remedy are you requesting (for example, reinstatement, reduction of suspension period).

You may represent yourself or elect representation by another individual or organization. If you have elected representation, state the name of the individual and whether or not this person is an attorney or other legal counsel.

Name of representative (if any) _____

Address _____

Telephone _____

Legal counsel? Yes No

Employee's signature _____

Date _____