

**Academic Personnel Grievance:
Request for Appeal of Formal Review Decision**

This form is used by academic appointees who are not members of the Academic Senate and who are appealing the decision made at the formal review level (Step II) of the grievance process. Grievants should consult Academic Personnel Manual Sections APM-140 and UCD-140.

Name (please print) _____

Title _____

Home address _____

Home telephone _____ Email _____

1. Date grievance filed _____

2. Date of formal review decision _____

3. Specify the issue(s) that remain unsolved following formal review:

4. What remedy are you requesting?

5. Designate your preference for hearing authority:

- Administrative consideration
- University hearing officer*
- Non-University hearing officer*

*As noted in APM-140-33-b(2)(a), only the following issues may be appealed for hearing consideration: non-reappointment; layoff or involuntary reduction in time; corrective action (written censure, suspension, reduction in salary, or demotion); dismissal; allegations of discrimination in violation of APM 035 involving non-reappointment, layoff, involuntary reduction in time, corrective action or dismissal; allegations that procedures in a personnel review were not in consonance with the applicable rules and requirements of the University and/or that the challenged decision was reached on the basis of impermissible criteria, including (but not limited to) race, sex, or political conviction.

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 _____