

USF GRIEVANCE FORM

(For Administration, Staff, and OPS Use Only)

Note: See the USF Grievance Procedure for additional information.

STEP 1 - PART A – FILING OF GRIEVANCE

Instructions to Grievant - Complete, sign/date, and submit this form to Human Resources, 4202 E. Fowler Ave., SVC 2172, Tampa, FL, 33620, with attached document(s) within 30 calendar days after the date of the alleged act(s) or omission(s) that are the basis for your grievance.

Grievant: _____ Job Title: _____ Work Phone #: _____

Work Unit: _____ Mailpoint: _____ E-Mail Address: _____

Home Phone #: _____ Home E-Mail Address: _____

Mailing Address: _____

Grievant's Supervisor: _____ Work Phone #: _____

Grievant's Representative (if any) _____ Phone #: _____

Mailing Address: _____ E-Mail Address: _____

Required Document(s) - Attach the following:

- A factual description that includes:
 - The act(s) or omissions(s) that you are alleging are the basis for your grievance, including date(s) of occurrence.
 - Which University rule, policy, or procedure has been violated, if any.
 - Names and contact information of witnesses or those who have direct knowledge of the alleged act(s) or omission(s).
 - An explanation of how you believe the grievance should be resolved.
 - If applicable to your grievance, the reason(s) that you believe justify your request to waive participation in the informal resolution process (see below).

- Other documents that you believe support the grievance.

Signature of Grievant: _____ Date Signed: _____

Informal Resolution Process - By filing a grievance, you are agreeing to participate in an informal resolution process. However, if applicable to your grievance, you may request a waiver of this process by signing/dating below and specifying the reason(s) for your request (see above).

I am requesting a waiver of the informal resolution process and have attached a justification.

Signature of Grievant: _____ Date Signed: _____

I approve ____ do not approve ____ a waiver of the informal resolution process.

Signature of Human Resources Authority: _____ Date Signed: _____

USF GRIEVANCE FORM (Continued)

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STEP 1 - PART B – OUTCOME OF INFORMAL RESOLUTION PROCESS

Instructions to Management Representative - Attach a description of the outcome of the informal resolution process based on your direct knowledge of the outcome. Sign/date below and obtain the grievant’s signature. Submit the signed/dated form to Human Resources, 4202 E. Fowler Ave., SVC 2172, Tampa, FL, 33620, within 30 calendar days after the beginning of the informal resolution period, unless the period was extended. If the grievant does not agree that the grievance was resolved and the grievance is eligible for further review, it will proceed directly to review by the Step 1 Representative.

I agree ____ do not agree ____ that the grievance was resolved during the informal resolution process, as described in the attached document.

Signature of Management Representative: _____ Date Signed: _____

I agree ____ do not agree ____ that the grievance was resolved during the informal resolution process, as described in the attached document.

Signature of Grievant: _____ Date Signed: _____

STEP 1 – PART C – OUTCOME OF GRIEVANCE MEETING

Decision of Step 1 Representative – Attach a description of the Step 1 decision, sign/date below, and provide a copy to the grievant within 30 calendar days after the grievance meeting, unless the deadline was extended.

The grievance was:

- Resolved
- Partially resolved
- Denied

Signature of Step 1 Representative: _____ Date Signed: _____

STEP 2 – REQUEST FOR ADMINISTRATIVE REVIEW

Instructions to Grievant – If your grievance is eligible for an administrative review, select the type of review you are requesting, sign/date below, and submit this completed and signed/dated form and all attachments to the Office of the General Counsel, 4202 E. Fowler Ave., ADM 250, Tampa, FL, 33620, within 14 calendar days after receiving the Step 1 decision (see above).

I am requesting an administrative review of my grievance as follow (select one):

- Administrative review by arbitration (also submit a copy of all documents to Human Resources, 4202 E. Fowler Ave., SVC 2172, Tampa, FL, 33620)
- Administration review in accordance with the provisions of Chapter 120, Administrative Procedure Act, F.S., and Chapter 28-106, F.A.C., Decisions Determining Substantial Interests (also submit a copy of all documents to the Office of the President, 4202 E. Fowler Ave., ADM 241, Tampa, FL, 33620)

Signature of Grievant: _____ Date Signed: _____