

**APPENDIX C  
GRIEVANCE FORM**

I. Date received by the Office of Human Resource Services (as authenticated by receipt, postmark, or date recorded on fax or email, as applicable) \_\_\_\_\_ (must be received within forty-five (45) days of the date of the act or omission giving rise to the grievance, or within fifteen (15) days of the Notice of Discipline in grievances involving disciplinary action) by:

Personal delivery \_\_\_\_\_  
U. S. Mail \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

for email filing use: [hremprel@ad.ufl.edu](mailto:hremprel@ad.ufl.edu)

GRIEVANT

STEP 1 GRIEVANCE REPRESENTATIVE

NAME: \_\_\_\_\_  
(print)

NAME: \_\_\_\_\_  
(print)

CAMPUS MAILING ADDRESSES:

COLLEGE: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

DEPT: \_\_\_\_\_

DEPT: \_\_\_\_\_

DEPT ADDRESS: \_\_\_\_\_

DEPT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

If grievant is represented by UFF or legal counsel, all University communications should go to the grievant's representative. Other addresses to which University mailings pertaining to grievance shall be sent:

\_\_\_\_\_  
\_\_\_\_\_

II. GRIEVANCE

Article(s) and Sections(s) of Agreement allegedly violated:

\_\_\_\_\_  
\_\_\_\_\_

Statement of grievance (must include date of acts or omissions complained of):

Remedy Sought:

III. AUTHORIZATION

I will be represented in this grievance by (check one — representative must sign on the appropriate line):

<input type="checkbox"/> UFF	_____
<input type="checkbox"/> Legal Counsel	_____
<input type="checkbox"/> Myself	_____

If the grievant elects self-representation or to be represented by legal counsel, UFF shall also be notified in writing of the date, time, and place of any meeting or hearing called for the purpose of discussing the grievance, shall have the right to have an observer present at all meetings and/or hearings called for the purpose of discussing such grievance, and shall be sent copies of all decisions at the same time as they are sent to the other parties. No resolution of any individually processed grievance can be inconsistent with the terms of this Agreement.

I understand and agree that by filing this grievance, I waive whatever rights I may have under chapter 120 of the Florida Statutes with regard to the matters I have raised herein and under all other University procedures which may be available to address these matters.

_____ Signature of Grievant (Grievant must sign if grievance is to be processed.)	_____ Date
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The decision of the hearing officer shall be transmitted, by personal delivery with written documentation of receipt or by certified mail, return receipt requested, to the grievant, the grievant's representative, the UFF Grievance Chair, and the Provost or designee within ten (10) days following the conclusion of the meeting.

UNIVERSITY OF FLORIDA  
Board of Trustees–United Faculty of Florida