

**APPENDIX B**

**GRIEVANCE FORM LECTURERS BARGAINING UNIT**

NAME OF GRIEVANT \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

**Description of Grievance:**

**Date of Occurrence as defined in Section 20.3.1:**

**Articles in Question:**

**Remedy Sought:**

**Filing Date:** \_\_\_\_\_

\_\_\_\_\_

**UT-AAUP Representative:** \_\_\_\_\_

Original to the Office of Faculty Labor Relations and a Copy to UT-AAUP. If additional sheets need to be attached to the Grievance Form to provide additional space for description, remedies, explanations or responses, please make reference to such attachments in the appropriate place on this form.

**Date Received by Office of Faculty Labor Relations:** \_\_\_\_\_

**Sent to:** \_\_\_\_\_ **for hearing on** \_\_\_\_\_

<hr/> <b>Signature of Respondent</b>	<hr/> <b>Date</b>
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**I (We) wish to appeal to the next step.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of appellant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**UT-AAUP Representative**

**Date Received by Office of Faculty Labor Relations:** \_\_\_\_\_

**Sent to:** \_\_\_\_\_ **for hearing on** \_\_\_\_\_

<hr/>	<hr/> <b>Date</b>
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\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of appellant**

**UT-AAUP Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Received by the Office of Faculty Labor Relations:** \_\_\_\_\_

