

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: _____

Grievant's Signature: _____

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** _____

Department Chair's Response:	
_____	_____
Signature of Respondent	Date

I (We) wish to appeal to the next step.

_____ **Signature of appellant**

_____ **Date**

_____ **UT-AAUP Representative**

_____ **Date**

Date Received by Office of Faculty Labor Relations: _____

Sent to: _____ **for hearing on** _____

College Dean's Response:	
_____	_____
College Dean's Signature	Date

_____ **Signature of appellant**

_____ **Date**

UT-AAUP Representative: _____ **Date:** _____

Received by the Office of Faculty Labor Relations: _____

Sent to: _____ for hearing on _____

Provost's Response:

Provost's Signature

Date

UT-AAUP wishes to appeal to the

Internal Arbitration Board (IAB)

UT-AAUP Representative

Date Received by Office of Faculty Labor Relations: _____

Board Members named by President of University

Board Members named by President of UT-AAUP

Date(s) of Internal Arbitration Board hearing: _____

The Internal Arbitration Board Decision and Order shall be attached following this page.