

STATEMENT OF GRIEVANCE

EXHIBIT E

Grievant: Fill out Sections 1-5 and file one copy at Chancellor's level.

1. GRIEVANT NAME: _____	LOCATION (SITE) _____ LOCATION (DEPT) _____		
2. DATE OF ALLEGED GRIEVANCE: _____	DATE OF INFORMAL / ORAL DISCUSSION: _____	DATE OF INFORMAL/ ORAL RESPONSE: _____	AFT IS AUTHORIZED TO FILE THIS GRIEVANCE. <input type="checkbox"/> YES <input type="checkbox"/> NO
3. DATE OF FILING THIS STATEMENT: _____	SPECIFIC ARTICLE(S), SECTION(S), PROVISION(S) ALLEGED TO HAVE BEEN VIOLATED: _____		
4. EMPLOYEE'S STATEMENT OF ALLEGED VIOLATION(S). WHAT IS THE FACTUAL CONTENTION(S)? WHAT OCCURRED? HOW DID THE ALLEGED VIOLATION(S) AFFECT CONTRACT RIGHTS? PROVIDE FACTS NECESSARY TO SUPPORT YOUR POSITION/CONTENTION.			

[Use reverse side and/or attach pages (specify number) if necessary for full presentation.]

5. STATE FULL RELIEF, REMEDY, OR ACTION YOU REQUIRE OR BELIEVE NECESSARY TO RESOLVE THIS ALLEGED VIOLATION/GRIEVANCE.

[Use reverse side and/or attach pages (specify number) if necessary for full presentation.]

GRIEVANT: DO NOT WRITE BELOW THIS LINE.

6.	DATE OF RECEIPT: _____ DATE OF CONFERENCE: _____ DATE OF RESPONSE: _____
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[Use reverse side and/or attach pages (specify number) if necessary for full presentation.]

7. FINAL/BINDING ARBITRATION DECISION: GRIEVANCE RESOLVED: _____ GRIEVANCE DENIED: _____ ATTACH ARBITRATOR DECISION.	DATE OF REQUEST: _____ DATE ARBITRATOR REQUESTED: _____ DATE ARBITRATOR SELECTED: _____ DATE ARBITRATION HEARING: _____ DATE ARBITRATION DECISION: _____
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Attach all responses, all extra pages, all information to this form.

TIME IS OF THE ESSENCE IN ALL MATTERS.