



**FIRST LEVEL OF REVIEW**

(File with supervisor/administrator, copies to Associate Vice Chancellor, Human Resources and ACE)

1. To be completed by grievant:

Request for conference: ( ) Yes ( ) No

Designation of representative: ( ) Yes ( ) No

Name of representative: \_\_\_\_\_

Grievant's signature: \_\_\_\_\_

2. To be completed by immediate supervisor/administrator:

Date grievance was filed: \_\_\_\_\_

Immediate supervisor's decision and reason(s) for decision: \_\_\_\_\_

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

Immediate supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECOND LEVEL OF REVIEW**

(File with second level administrator, copies to Associate Vice Chancellor, Human Resources and ACE)

1. To be completed by grievant:

Request for conference: ( ) Yes ( ) No

Name of representative (if different from first level): \_\_\_\_\_

Grievant's signature: \_\_\_\_\_

2. To be completed by Manager:

Date grievance was filed at second level: \_\_\_\_\_

Decision of Administrator, and reason(s) for decision: \_\_\_\_\_

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

Administrator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUEST FOR ARBITRATION** (File with Associate Vice Chancellor, Human Resources)

Grievant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of authorized representative of ACE: \_\_\_\_\_