



American University
Adjunct Faculty Grievance Form

Office Use Only.
Grievance Number: _____

This form is to be used by employees in the adjunct faculty bargaining unit, SEIU Local 500, to file a formal grievance under the terms of the Collective Bargaining Agreement between the University and SEIU Local 500.

If you believe the University has violated an express provision of the Collective Bargaining Agreement such that you are personally aggrieved thereby, and you have been unable to resolve the issue informally, you have the right to file a formal grievance, as explained in Article 4 of the Agreement.

A formal grievance must be made in writing using this form and submitted to the Department Chair or administrative designee in the employee's chain of command, with a copy to the Assistant Vice President of Human Resources and the Union.

Your Name: _____ AU ID Number: _____

Teaching Unit: _____

Please Check One:

_____ I hereby give my express permission and authorization for SEIU Local 500's designated Contract Administration Representative to represent me, to investigate on my behalf any alleged violation of the collective bargaining agreement, and to file a grievance and process said grievance through all the steps of the grievance procedure outlined in Article 4 of the agreement.

_____ I do not authorize SEIU Local 500 to represent me in this grievance.

Employee signature Date

Statement of the Grievance

(1) Which provision(s) of the Collective Bargaining Agreement do you allege have been violated?

(2) Please provide specific details of the event(s) giving rise to the grievance, and how you believe it violates the Collective Bargaining Agreement. Use additional sheets if necessary.

(3) What was the date of this event or the date on which you became aware of it?

(4) What specific remedy are you seeking?

(5) Informal Resolution Process (Does not apply to discharges):

I met with my supervisor, department chair, division director, and/or dean _____
(name)
on _____ in an effort to resolve this matter prior to initiating this formal grievance.
(date)

Please describe the results of that meeting:

Higher Level Grievances

In the event a grievance is not satisfactorily adjusted at Step 1, the aggrieved employee, within fifteen (15) days after receipt of the Step 1 answer, may submit a written appeal to the Dean in the employee's chain of command, or his or her designee, with a copy to the Assistant Vice President of Human Resources and the Union.

In the event that the grievance is not satisfactorily adjusted at Step 2, the aggrieved employee, within fifteen (15) days after receipt of the Step 2 answer, may submit a written grievance appeal to the Provost, or designee, with a copy to the Assistant Vice President of Human Resources and the Union.

In the event that the grievance is not satisfactorily adjusted at Step 3, the Union, with the written concurrence of the aggrieved employee, may submit a grievance to final and binding arbitration.

If this is a grievance appeal, please fill out the applicable sections below:

Step 1 Resolution:

I/ the Union submitted a Step 1 grievance to _____ and received a decision on _____.
(date) (name)

Step 2 Resolution:

I/ the Union submitted a Step 2 grievance to _____ and received a decision on _____.
(date) (name)

Step 3 Resolution:

I/ the Union submitted a Step 3 grievance to _____ and received a decision on _____.
(date) (name)

In accordance with Article 4.2 of the agreement, I concur with the Union's election to submit this grievance to arbitration.

Employee signature

Date

SEIU Local 500 representative signature

Date