The University of Michigan

Employee Grievance

AFSCME Represented Employees Only

Date_____ **Grievance No.**_____

Name	UMID
Department	Department Head's Name
Immediate Supervisor	Job Title

Work Schedule from (am/pm) to (am/pm)

Circle appropriate days: M TU W Th F Sa Su

Employee's Statement of Grievance (include facts, dates, provisions of the agreement violated and the remedy desired).

Employee's Signature	Chief Steward's Name

Date Received by Department Head

Department Head's Decision

Department Head's Signature	Date Given to Employee

Copy to: Appropriate Human Resources Office
District Steward Employee
Chief Steward AFSCME Local 1583