



UNIVERSITY OF MICHIGAN

**AFSCME SECOND STEP
GRIEVANCE HEARING/OTHER MEETING
NOTIFICATION TO GRIEVANT**

Employee Name _____ Dept _____

You are scheduled to attend:

___ 2nd Step Grievance Hearing

___ Special Conference

___ Disciplinary Review Conference

___ Sick Time Conference

Date of Meeting _____ Time _____

Location _____

I received the above information from my Supervisor _____
Date _____

Employee's Signature _____

After employee signs this form, the employee's Supervisor will **FAX** it to the appropriate Staff Human Resources Office as follows:

Campus 763-6787
Health System 936-9526

cc: Dept File