UNITED FACULTY OF MIAMI-DADE COLLEGE

Grievance Submission - Step 1

Date: ____________________________
Case No. _________________________

To: ___________________________________________ Chair/Immediate Supervisor
Dept: ___________________________________________ Campus: __________________________
Room: ___________________________________________

From: ___________________________________________ Faculty Member

Attached is a grievance submitted pursuant to the parties’ collective bargaining agreement.

( ) By Hand Delivery By ___________________________________________
( ) By Fax Delivery By ___________________________________________
( ) By Interoffice/Mail By ___________________________________________

Cc: Union Grievance Chair
    Union Headquarters
    Grievant

Form #3
UNITED FACULTY OF MIAMI-DADE COLLEGE

Grievance Submission - Step 1

Date: _____________________________
Case No. __________________________

To: ___________________________________________
   Vice Provost of Human Resources

Room: _____________________________ Campus: ___________________________

From: ________________________________ Faculty Member

Attached is a grievance submitted pursuant to the parties’ collective bargaining agreement.

( ) By Hand Delivery By _________________________________
( ) By Fax Delivery By _________________________________
( ) By Interoffice/Mail By ________________________________

Cc:  Union Grievance Chair
     Union Headquarters
     Grievant

Form #4