UNITED FACULTY OF MIAMI-DADE COLLEGE

Grievance/Arbitration Worksheet

Grievant:____________________________________  Case No. __________________________________________
Dept: ______________________________________  Campus: _____________________________________________
Address: ____________________________________________________________

Work Phone: ________________________________  Home Phone: ________________________________

Step I

a. Date of Event: __________________________________________
b. *Date of Grievance (with 20 days of a): _______________________
c. *Date Served on Chair/Supervisor: __________________________
d. *Date Served on Vice Provost: ______________________________
e. Meeting Date Deadline (10 days): ____________________________
f. Response Due Date (10 days): _______________________________
g. Response Timely Received Date: _______________________________

Step II

(If no meeting file within 10 days of e.)
(If no response file within 10 days off.)
(If received then 10 days of g.)

h. *Date Served on Associate Dean/Director: _______________________
t. *Date Served on Vice Provost: ______________________________
j. Date of Discretionary Meeting: _______________________________
k. Response Due Date (15 days): _______________________________
  1. Response Timely Received Date: _______________________________

Step III

(If no response file within 10 days of k.) (If received file within 10 days of 1.)

m. *Date Served on Dean/Designee: _______________________________
n. *Date Served on Vice Provost: _______________________________
o. Date of Meeting with Dean: ________________________________

Form #2
p. Response Due Date (within 15 days):
q. Response Actually Timely Received Date:

Step IV

(If no response then 20 days of p.)
(If received then 20 days of q.)

r. Date of Request/Demand Arbitration:
5. Date Union Makes Arbitration Decision:
t. Date of Initial Arbitrator Choice:
U. Date of FMCS Request:
v. FMCS List Received:
w. Date of Selection of Arbitrator:
x. Date of Hearing:
y. Date Briefs Due:
z. Date of Award:

* Must be Simultaneous
** All Days Equal College Days
*** Days End at 4:30 p.m.

Form #2