

**University of Central Florida – PBA
REQUEST FOR STEP 3
(Deliver this form and attachments to Director of Human Resources.)**

This request for review was received by the University on _____ (date) by:
[CHECK ONE] _____ Certified or registered return receipt requested mail; OR
_____ Personal delivery.

(FAX AND EMAIL DOCUMENTS DO NOT CONSTITUTE AN ACCEPTABLE FORMAT FOR FILING OF GRIEVANCES.)

GRIEVANT NAME: _____

Classification/Title: _____ Office Phone: _____

DATE OF STEP 2 DECISION: _____

Date Step 2 Decision was received by Grievant or Grievant Representative: _____

Describe the reasons for requesting that the Step 2 Decision be reviewed by the unit head/director:

Specifically, I request the following action be taken as a remedy to my grievance:

Representation:

I will be represented in this grievance by: **[CHECK ONE]** _____ PBA _____ Myself

Provide the following information for your Representative:

Name: _____

Address: _____

Phone: _____

Signature of Grievant

Date

(The grievance will not be processed unless signed by the grievant)

A copy of the following documents should be attached to this Request at the time of its filing with the unit head:

1. Step 1 grievance form filed with University
2. Step 1 decision, if issued, and any attachments
3. Step 2 grievance form filed with University
4. Step 2 decisions, if issued
5. All attachments to the Step 2 decision