

UNIVERSITY OF CENTRAL FLORIDA
University Support Personnel System (USPS)
UNIVERSITY GRIEVANCE PROCEDURE
UCF Regulation 6C7- 3.0133

Employee Name _____

Department Name _____

Job Title _____

I have discussed my grievance with my immediate supervisor and the answer was not satisfactory to me. This discussion took place on _____ (date).

Immediate Supervisor's Name

MY GRIEVANCE IS AS FOLLOWS: (Include the date on which you became aware of the act or omission giving rise to this grievance); (Use additional sheets if necessary)

USPS Regulation, or University Regulation / Policy / Procedure that has been violated, if any:

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

Signed _____

Date _____

Employee should check Step 2 or Step 3 below, deliver the original form to the appropriate office, and send a copy of the form to Human Resources.

_____ Step 2, Dean or Director

_____ Step 3, Provost or Vice President; (attach copy of Step 2 Decision).