

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

Employee Name: \_\_\_\_\_

Department Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

I have discussed my grievance with my immediate supervisor and the response 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 and how the violation affects you. Use additional sheets if necessary):

Florida Board of Governors regulation, University Regulation, Policy, or Procedure that has been violated, if any:

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

**Employee Signature:** \_\_\_\_\_ **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).