

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

Employee Name: _____

Department Name: _____

Job Title: _____

STEP 1: I have discussed my grievance with my immediate supervisor and the response was not satisfactory to me.

Immediate Supervisor's Name: _____

Date Discussion was Held: _____

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

My grievance is as follows: Please 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.

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

Employee Signature: _____ *Date:* _____

Employee must 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, Vice President or Designee (attach copy of the Step 2 decision)

[Please refer to UCF Regulation 3.0133 for specific timelines associated with the formal grievance process.]