

ADJUNCT FACULTY GRIEVANCE FORM

SEIU-FLORIDA PUBLIC SERVICES UNION

Name: _____ Case No. _____

Home Address: _____

Work Phone: _____ Cell Phone: _____

Dept.: _____ Campus: _____

Immediate Supervisor's Name: _____

Immediate Supervisor's Phone: _____ Office Room Loc: _____

1. Adjunct Faculty's Statement of Grievance: Describe the event or omission giving rise to the grievance (attach additional paper if necessary):

2. Date of Event/Occurrence (or First Knowledge of Same): _____

3. Specify the Article(s), Section(s) and Subsection(s) of the contract which is/are violated:

4. What is the remedy or relief sought? _____

5. Check One: _____ Individual Grievance _____ SEIU Grievance

Signature: _____ Date: _____

SEIU Signature: _____ Date: _____

Distribution

Vice Provost/Human Resources
Department Chair
Adjunct Faculty Member
Union Representative
Faculty Initiatives