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| 455B2 0 1 9 - 2 0 2 2 F A C U L T Y C O N T R A C T |
|  Article 20: Grievance Process  Appendix M.3: Grievance – Level 3 – Vice President | Logo_MtSAC_Blk_Print |

|  |  |  |  |
| --- | --- | --- | --- |
| Grievant’s Name: |       | Date: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Contact #: Phone: |       | Email: |       |

|  |  |  |
| --- | --- | --- |
|  | Classification: |       |

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| **GRIEVANT TO COMPLETE:****INSTRUCTIONS:** The grievant must file this form with the Office of Human Resources **within 10 working days** of the unresolved **“Level 2 – Conciliation”** outcome. Please attach a copy of the “Level 2 – Mediation” form to this form. |
| **I request that this grievance proceed to Level 3 – Vice President.** |
| 1. | Date unresolved Level 2 process concluded. |
|  |       |

|  |  |
| --- | --- |
| 2. | Grievant’s Signature: |
|  |       |  Date: |       |

**HUMAN RESOURCES TO COMPLETE:**

|  |  |
| --- | --- |
| 3. | Copy of form sent to:  |
|  | [ ]  |  Faculty Association | [ ]  |  Vice President, Human Resources |  Date: |       |
| 4. | Appropriate Vice President |
|  |       |
| 5. | Parties involved: |
|  |       |
| 6. | Meeting conclusion: |
|  |       |
|  |  |
|  | [ ]  |  Resolved | [ ]  |  Not Resolved |  Date: |       |
| 7. | Copy of this form sent (within 10 working days of the meeting conclusion) to: |
|  | [ ]  |  Grievant | [ ]  |  Administrator |  Date: |       |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | [ ]  |  Faculty Association | [ ]  |  Vice President, Human Resources | [ ]  |  President |  |