

COAST FEDERATION OF CLASSIFIED EMPLOYEES, AFT LOCAL 4794

Page 2

Date of Formal Conference With Supervisor/Administrator: _____

Union Representative: _____

Ext. _____

Supervisor/Administrator Representative: _____ Ext.

Decision of Supervisor/Administrator:

Accepted by: _____
Grievant Date

GRIEVANCE AUTHORIZATION

I hereby designate CFCE as my representative for the purpose of pursuing a resolution of the above-described grievance. I further agree that I will take no action independent of my CFCE representative without first conferring with CFCE and rescinding this authorization.

Date Signed

If additional space is needed, use additional paper. All decisions must be in writing on original copy of the grievance from with copies forwarded to the designated CFCE Grievance Officer and the Vice Chancellor for Human Resources.

Distribution: Original and one copy to immediate supervisor, one copy to grievant, one copy to CFCE Grievance Officer, one copy to the Vice Chancellor for Human Resources.