

**GRIEVANCE FORM**

**UNITED FACULTY OF MIAMI-DADE COLLEGE**

Faculty Name: \_\_\_\_\_ Case No. \_\_\_\_\_

Faculty Member's Home Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Dept.: \_\_\_\_\_ Campus: \_\_\_\_\_

Immediate Supervisor's Name: \_\_\_\_\_

Immediate Supervisor's Phone: \_\_\_\_\_ Office Room Loc: \_\_\_\_\_

1. Employee'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 \_\_\_\_\_ UFMDC Grievance

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Distribution**

Vice Provost, Chair/Supervisor, Union Headquarters, Grievance Chair, Member, Union Representative

# UNITED FACULTY OF MIAMI-DADE COLLEGE

## Grievance/Arbitration Worksheet

Grievant: \_\_\_\_\_

Case No. \_\_\_\_\_

Dept: \_\_\_\_\_

Campus: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

### Step I

- a. Date of Event: \_\_\_\_\_
- b. \*Date of Grievance (with 20 days of a): \_\_\_\_\_
- c. \*Date Served on Chair/Supervisor: \_\_\_\_\_
- d. \*Date Served on Vice Provost: \_\_\_\_\_
- e. Meeting Date Deadline (10 days): \_\_\_\_\_
- f. Response Due Date (10 days): \_\_\_\_\_
- g. Response Timely Received Date: \_\_\_\_\_

### Step II

(If no meeting file within 10 days of e.)  
(If no response file within 10 days off.)  
(If received then 10 days of g.)

- h. \*Date Served on Associate Dean/Director: \_\_\_\_\_
- t. \*Date Served on Vice Provost: \_\_\_\_\_
- j. Date of Discretionary Meeting: \_\_\_\_\_
- k. Response Due Date (15 days): \_\_\_\_\_
- 1. Response Timely Received Date: \_\_\_\_\_

### Step III

(If no response file within 10 days of k.) (If received file within 10 days of 1.)

- m. \*Date Served on Dean/Designee: \_\_\_\_\_
- n. \*Date Served on Vice Provost: \_\_\_\_\_
- 0. Date of Meeting with Dean: \_\_\_\_\_

- p. Response Due Date (within 15 days): \_\_\_\_\_
- q. Response Actually Timely Received Date: \_\_\_\_\_

Step IV

(If no response then 20 days of p.)  
(If received then 20 days of q.)

- r. Date of Request/Demand Arbitration: \_\_\_\_\_
- 5. Date Union Makes Arbitration Decision: \_\_\_\_\_
- t. Date of Initial Arbitrator Choice: \_\_\_\_\_
- U. Date of FMCS Request: \_\_\_\_\_
- v. FMCS List Received: \_\_\_\_\_
- w. Date of Selection of Arbitrator: \_\_\_\_\_
- x. Date of Hearing: \_\_\_\_\_
- y. Date Briefs Due: \_\_\_\_\_
- z. Date of Award: \_\_\_\_\_

\* Must be Simultaneous

\*\* All Days Equal College Days

\*\*\* Days End at 4:30 p.m.

**UNITED FACULTY OF MIAMI-DADE COLLEGE**

**Grievance Submission - Step 1**

Date: \_\_\_\_\_

Case No. \_\_\_\_\_

To: \_\_\_\_\_ Chair/Immediate Supervisor

Dept: \_\_\_\_\_ Campus: \_\_\_\_\_

Room: \_\_\_\_\_

From: \_\_\_\_\_ Faculty Member

Attached is a grievance submitted pursuant to the parties' collective bargaining agreement.

( ) By Hand Delivery By \_\_\_\_\_

( ) By Fax Delivery By \_\_\_\_\_

( ) By Interoffice/Mail By \_\_\_\_\_

Cc: Union Grievance Chair  
Union Headquarters  
Grievant

**UNITED FACULTY OF MIAMI-DADE COLLEGE**

**Grievance Submission - Step 1**

Date: \_\_\_\_\_

Case No. \_\_\_\_\_

To: \_\_\_\_\_  
Vice Provost Employee Development & Quality Enhancement

Room: \_\_\_\_\_ Campus: \_\_\_\_\_

From: \_\_\_\_\_ Faculty Member

Attached is a grievance submitted pursuant to the parties' collective bargaining agreement.

( ) By Hand Delivery By \_\_\_\_\_

( ) By Fax Delivery By \_\_\_\_\_

( ) By Interoffice/Mail By \_\_\_\_\_

Cc: Union Grievance Chair  
Union Headquarters  
Grievant

**UNITED FACULTY OF MIAMI-DADE COLLEGE**

**Step II - Appeal**

Date: \_\_\_\_\_

Case No. \_\_\_\_\_

To: \_\_\_\_\_  
Associate Dean/Director

Room: \_\_\_\_\_

From: \_\_\_\_\_ Faculty Member

This constitutes a Step II appeal under the parties' collective bargaining agreement. Attached hereto is a copy of the Step I Grievance Form and the Step I response (if any).

Check as Appropriate:

- ( ) By Hand Delivery By \_\_\_\_\_
- ( ) By Fax Delivery By \_\_\_\_\_
- ( ) By Interoffice/Mail By \_\_\_\_\_

Cc: Union Grievance Chair  
Union Headquarters  
Grievant

# UNITED FACULTY OF MIAMI-DADE COLLEGE

## Step II - Appeal

Date: \_\_\_\_\_

Case No. \_\_\_\_\_

To: \_\_\_\_\_ Room: \_\_\_\_\_  
Vice Provost Employee Development & Quality Enhancement

From: \_\_\_\_\_ Faculty Member

Room: \_\_\_\_\_ Campus: \_\_\_\_\_

This constitutes a Step II appeal under the parties' collective bargaining agreement. Attached hereto is a copy of the Step I Grievance Form and the Step I response (if any).

Check as Appropriate:

( ) By Hand Delivery By \_\_\_\_\_  
( ) By Fax Delivery By \_\_\_\_\_  
( ) By Interoffice/Mail By \_\_\_\_\_

Cc: Union Grievance Chair  
Union Headquarters  
Grievant

# UNITED FACULTY OF MIAMI-DADE COLLEGE

## Step III - Appeal

Date: \_\_\_\_\_

Case No. \_\_\_\_\_

To: \_\_\_\_\_  
Dean or Designee

Campus: \_\_\_\_\_ Room: \_\_\_\_\_

From: \_\_\_\_\_ Faculty Member/Grievant

This constitutes a Step III appeal under the parties' collective bargaining agreement. Attached hereto is a copy of the Step II Grievance Form and the Step II response (if any).

Check as Appropriate:

( ) By Hand Delivery By \_\_\_\_\_  
( ) By Fax Delivery By \_\_\_\_\_  
( ) By Interoffice/Mail By \_\_\_\_\_

Cc: Union Grievance Chair  
Union Headquarters  
Grievant

Form #7

**UNITED FACULTY OF MIAMI-DADE COLLEGE**

**Step III - Appeal**

Date: \_\_\_\_\_

Case No. \_\_\_\_\_

To: \_\_\_\_\_  
Vice Provost Employee Development & Quality Enhancement

Campus: \_\_\_\_\_ Room: \_\_\_\_\_

From: \_\_\_\_\_ Faculty Member/Grievant

This constitutes a Step III appeal under the parties' collective bargaining agreement. Attached hereto is a copy of the Step II Grievance Form and the Step II response (if any).

Check as Appropriate:

- ( ) By Hand Delivery By \_\_\_\_\_
- ( ) By Fax Delivery By \_\_\_\_\_
- ( ) By Interoffice/Mail By \_\_\_\_\_

Cc: Union Grievance Chair  
Union Headquarters  
Grievant

UNITED FACULTY OF MIAMI-DADE COLLEGE

Arbitration Request/Demand

Date: \_\_\_\_\_

Case No. \_\_\_\_\_

To: \_\_\_\_\_  
Vice Provost Employee Development & Quality Enhancement

Campus: \_\_\_\_\_ Room: \_\_\_\_\_

From: \_\_\_\_\_ Faculty Member/Grievant

This serves as the demand/request for arbitration to the parties' collective bargaining agreement. Contact the union president for arbitration selection.

Check as Appropriate:

- ( ) By Hand Delivery By \_\_\_\_\_
- ( ) By Fax Delivery By \_\_\_\_\_
- ( ) By Interoffice/Mail By \_\_\_\_\_

Cc: Union Grievance Chair  
Union Headquarters  
Grievant

# UFMDC INCIDENT REPORT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Campus: \_\_\_\_\_ Dept: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

If there are incidents/events/issues that you believe should be brought to the leadership's attention, forward this report. Thank you for helping us defend our profession and the college.

A. Describe the incident that has caused you concern:

---

---

---

---

---

---

---

---

B. What actions, if any, have you taken regarding this incident:

---

---

---

---

---

---

---

---

C. What actions have your managers taken regarding this incident:

---

---

---

---

---

---

---

---

PLEASE FILL OUT AND RETURN TO:  
UFMDC - ATTN: Mark Richard  
9740 SW 72<sup>nd</sup> Avenue, Miami, FL 33156

NOTE: This form is not a substitute for the filing of a grievance. If you believe this incident constitutes a violation of our contract, file a grievance to protect your time limits (within 20 days of incident or first knowledge of incident).

Member Rights Template #1 - - Public Records Request

TO: Chair\_\_\_\_\_

FROM: Professor\_\_\_\_\_

RE: Florida Public Records Request\_\_\_\_\_

DATE: \* \_\_\_\_\_

I am requesting copies of the following public records pursuant to F.S. Chapter 119. Please contact me if you have any questions.

1. \*\*
- 2.
- 3.

Thank you,

cc: UFMDC  
Carol Zeiner, Esquire, MDC  
Dr. Eduardo Padron

\*\*\*\*\*End of Memo\*\*\*\*\*

Note:

\*The law requires quick action so stay on top of your request.

\*\*Be specific in describing documents requested; be concise for there is a per page charge for copies.

Member Rights Template #2 - - Confirmation Memo

TO: Chair \_\_\_\_\_

FROM: Professor \_\_\_\_\_

RE: Confirmation of \_\_\_\_\_

DATE: \_\_\_\_\_

This is to confirm that \_\_\_\_\_ . \*  
(Fill in Blank)

If I do not hear otherwise in writing from you within five (5) days, I will assume you are in agreement.

Thank you,

cc: UFMDC

\*\*\*\*\*End of Memo\*\*\*\*\*

Note:

\*Use this for any variety of matters. For example:

a) I am taking \_\_\_\_\_ course on \_\_\_\_\_ at \_\_\_\_\_, which will partially or fully satisfy my promotional education requirements.

b) I will be attending \_\_\_\_\_ on \_\_\_\_\_, which is outside my 35-hour workweek. I will be able to take flextime off during my workweek to make up for this time.

Member Rights Template #3 - - Request for Clarification

TO: Chair \_\_\_\_\_  
FROM: Professor \_\_\_\_\_  
RE: Request for Written Clarification \_\_\_\_\_  
DATE: \_\_\_\_\_

I need further clarification of your (verbal/written) statement regarding \_\_\_\_\_  
\_\_\_\_\_. \* Would you  
please describe your position in writing.

Thank you,

cc: UFMDC

\*\*\*\*\*End of Memo\*\*\*\*\*

Note:

\*Be General

Member Rights Template #4- Meeting Request

TO: Chair\_\_\_\_\_

FROM: Professor\_\_\_\_\_

RE: Request for a Meeting\_\_\_\_\_

DATE:\_\_\_\_\_

I am concerned over the issue(s) of \_\_\_\_\_  
\_\_\_\_\_. \* I request a meeting, to which I will be  
bringing a union representative, to address this matter. Please contact me so we may  
set up a mutually convenient time to meet.

Thank you,

cc: UFMDC

\*\*\*\*\*End of Memo\*\*\*\*\*

Note:

\*Be General

Member Rights Template #5 - - Request For Union Representation

TO: Chair\_\_\_\_\_

FROM: Professor\_\_\_\_\_

RE: Request for Union Representative at a Meeting Called by Chair \_\_\_\_\_

DATE:\_\_\_\_\_

You have directed that I meet with you. I request that a union representative of my choice be present at the meeting (or in the alternative that you confirm in writing that nothing arising out of this meeting can ever lead to discipline and/or any adverse employment action). I await your written confirmation prior to the setting of the meeting. Thank you.

cc: UFMDC