



UNIVERSITY OF MAINE SYSTEM
PROFESSIONAL AND ADMINISTRATIVE STAFF UNIT
GRIEVANCE DECISION REVIEW FORM

DATE: _____

TO: _____

I hereby request that a Step _____ review of the attached decision be made in connection with the attached grievance because:

I received the decision on _____ and filed this request for review at Step _____ with the office of _____ on _____ by: (check one) _____ mail _____ personal delivery
 UMPSA grievance representative's signature _____

 Name of Grievant

 Signature of Grievant

Date Received: _____ By _____ Grievance Number: _____

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Step 2

Chief Administrative Officer or Designee

Campus Grievance File

Campus Grievance Person or UMPSA (Bangor)

Step 3

Chancellor or Designee

Campus Grievance File

UMPSA (Bangor)