APPENDIX B – GRIEVANCE DECISION REVIEW FORM

UNIVERSITY OF MAINE SYSTEM
PROFESSIONAL & 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 _____ or personal delivery _____

UMPSA grievance representative's signature: _____

_____ _____

Name of Grievant Signature of Grievant

Date Received: _____ By: _____ Grievance Number: _____

DISTRIBUTION:	ORIGINAL	1st COPY	2nd COPY
Step 2	Campus President or System Chief Administrator	Campus Grievance File	Campus Grievance Person or UMPSA (Bangor)
Step 3	Chancellor or Designee	Campus Grievance File	UMPSA (Bangor)