APPENDIX E

THE CALIFORNIA STATE UNIVERSITY
GRIEVANCE PROCEDURE FORM
UNIT 4

<table>
<thead>
<tr>
<th>LEVEL OF FILING</th>
<th>DATE OF FILING</th>
<th>Campus: __________</th>
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<tbody>
<tr>
<td>Level I - President ________________________________</td>
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<tr>
<td>Level II – Labor Relations, _________________________</td>
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<td>Office of the Chancellor</td>
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GRIEVANT'S NAME   CLASSIFICATION   CAMPUS TELEPHONE NUMBER

Specific term of agreement alleged violated (provide Unit 4 contract provision number):

Detailed description of the grounds of the grievance (include dates, places, times, etc.):

(If more space is needed, additional sheets may be attached.)
Proposed remedy:

Grievant's signature:

Grievant's address:

Name of representative:

Representative's address and telephone number:
Response
Level I // Level II //

Signature:________________________ Title:________________________ Date:________

Please provide one copy of each grievance filing or response to: a) employee; b) Employer (level of filing); c) Labor Relations, Office of the Chancellor, 401 Golden Shore, Long Beach, CA 90802; d) employee's representative.

(Revised 2005)