APPENDIX F

THE CALIFORNIA STATE UNIVERSITY
REQUEST FOR RECONSIDERATION
UNIT 4

LEVEL OF FILING DATE OF FILING Campus:
Level I - Appropriate Administrator _______ Department or Equivalent Unit
Level II - President ______________________ ______________________
Level III - Labor Relations Office of the Chancellor ________________ Appropriate Administrator: ________________
(Only alleged violations of written system policies may be pursued to this level.)

REQUESTOR’S NAME CLASSIFICATION CAMPUS TELEPHONE NUMBER

Specific term policy/rule alleged violated:

/ / Written campus policy/work rule:

/ / Written systemwide policy/work rule:

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

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

Proposed remedy:

Requestor's signature:

Requestor's address:

Name of representative:
Representative's address and telephone number:
Response:

Level I // Level II // Level III //

Signature:__________________________Title:________________________Date:_________

Please provide one copy of each reconsideration request 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)