## APPENDIX D GRIEVANCE FORM

## TENURED, TENURE-TRACK BARGAINING UNIT

NAME OF GRIEVANT	DEPARTMENT
Description of Grievance:	
Date of Occurrence as defined in Section 2	20.3.1:
Articles in Question:	
Remedy Sought:	
Filing Date:	
Grievant's Signature:	
UT-AAUP Representative:	
to be attached to the Grievance Form to p	ns and a Copy to UT-AAUP. If additional sheets need provide additional space for description, remedies ce to such attachments in the appropriate place on this

Date Received by Office of Faculty Labor Relations:

for hearing on
Date
Signature of appellant
UT-AAUP Representative
bor Relations:
for hearing on
Date
Signature of appellant

Sent to:	for hearing on
Provost's Response:	
Provost's Signature	
1 Tovost 3 Signature	
UT-AAUP wishes to appeal to the	
Internal Arbitration Board (IAB)	UT-AAUP Representative
Date Received by Office of Faculty Labor	Relations:
Board Members named by President of Un	
<b>Board Members named by President of U</b>	T-AAUP
Date(s) of Internal Arbitration Board hear	ring:

The Internal Arbitration Board Decision and Order shall be attached following this page.