

GRIEVANCE/COMPLAINT FORM

CSU Case Number:

CSUEU Case Number:



Campus: San Jose State University

Unit: 2, 5, 7, 9

Grievant/Complainant

[ ] Union on behalf of:

First Name: Steve

Last Name: Sloan

Classification: ITC

Department: Academic Technology

Mailing Address: SJSU, One Washington Square 0026, San Jose, CA 95192

Email Address: steve.sloan@sjsu.edu

Phone: (408) 605-0692

Fax: (408) 924-2317

Indicate preferred response:

[ X ] U.S. Mail/Personal Delivery

[ ] Email

[ ] Fax

Appropriate Administrator: Chris Laxton, 924-3327

Representative

First Name: Steve

Last Name: Sloan

Mailing Address: SJSU, One Washington Square 0026, San Jose, CA 95192

Email Address: steve.sloan@sjsu.edu

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Indicate preferred response:

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[ ] Fax

Filing Information

Informal Discussion Date:

Informal Response Date:

[ X ] Informal Discussion Waived

[ X ] Request elevation to Level II

Level I (Formal)

Level II (President)

Level III (Chancellor)

Filing Date: Nov. 21, 2007

Meeting Date:

Response Date:

Filing Date:

Meeting Date:

Response Date:

Filing Date:

Meeting Date:

Response Date:

Extensions:

[ X ] Grievance

[ ] Complaint – Campus Policy

[ ] Complaint – System Policy

Specific contract sections: articles 23.1, 23.4 and all other articles of the Collective Bargaining Agreement that apply.

Specific campus policy or work rule:

Specific system policy:

Description of the problem

