

*APPENDIX F*

**EXCLUSIVE ASSIGNMENT DISPUTE RESOLUTION GRIEVANCE FORM**

PART 1: STATEMENT OF DISPUTE

I believe the assignment was arbitrarily or unreasonably imposed because:

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\_\_\_\_\_  
Grievant's Signature

\_\_\_\_\_  
UFF Grievance Representative's Signature

THIS FORM MUST BE ACCOMPANIED BY ALL DOCUMENTATION THAT THE EMPLOYEE WANTS TO HAVE REVIEWED, EXCEPT FOR DOCUMENTATION THE EMPLOYEE HAS REQUESTED BUT NOT RECEIVED.

I UNDERSTAND AND AGREE THAT BY FILING THIS ADR GRIEVANCE, I WAIVE WHATEVER RIGHTS I MAY HAVE UNDER CHAPTER 120 OF THE FLORIDA STATUTES WITH REGARD TO THE MATTERS I HAVE RAISED HEREIN AND UNDER ALL OTHER UNIVERSITY PROCEDURES THAT MAY BE AVAILABLE TO ADDRESS THESE MATTERS.

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**EXCLUSIVE ASSIGNMENT DISPUTE RESOLUTION GRIEVANCE FORM**

**PART 1: DECISION OF INDIVIDUAL MAKING THE ASSIGNMENT OR THAT PERSON'S REPRESENTATIVE**

\_\_\_\_\_  
Date Filed                                      Receipt Acknowledged by Individual Making  
Assignment or Representative

\_\_\_\_\_  
Date of Meeting

\_\_\_\_\_ The assignment was not arbitrarily or unreasonably imposed  
\_\_\_\_\_ The disputed assignment has been resolved in the following manner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person making the assignment      Date of Decision

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**PART 2: NOTICE TO AND DECISION OF DEAN OR DEAN'S REPRESENTATIVE**

The decision of the Individual making the assignment or that person's representative is not satisfactory and the grievant and/or the UFF grievance representative hereby give notice that the ADR shall be referred to the dean or dean's representative.

\_\_\_\_\_  
Grievant's Signature

\_\_\_\_\_  
Date of Receipt

\_\_\_\_\_  
UFF Grievance Representative Receipt

\_\_\_\_\_  
Acknowledged by Dean or  
Dean's Representative

\_\_\_\_\_  
Date of Conference

\_\_\_ The assignment was not arbitrarily or unreasonably imposed:

\_\_\_ The disputed assignment has been resolved in the following manner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Dean or Dean's Representative

\_\_\_\_\_  
Date of Decision

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**EXCLUSIVE ASSIGNMENT DISPUTE RESOLUTION GRIEVANCE FORM**

**PART 3: NOTICE OF INTENT TO REFER ASSIGNMENT DISPUTE TO MEDIATOR**

The decision of the dean or the dean's representative is not satisfactory and the UFF grievance representative hereby gives notice of intent to refer the ADR grievance to a mediator.

\_\_\_\_\_  
Grievant's Signature                      Date of Receipt by President's  
Representative

\_\_\_\_\_  
UFF Grievance Representative                      Receipt Acknowledged by  
President's Representative

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PART 4: MEDIATOR'S DECISION

The disputed assignment was \_\_\_\_\_/was not \_\_\_\_\_ arbitrarily or unreasonably imposed.

Reasons for the determination that the assignment was arbitrarily or unreasonably imposed are:

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Suggested Remedy (Optional):

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\_\_\_\_\_  
UFF Grievance Representative's Signature      Grievant's Signature

\_\_\_\_\_  
Mediator's Signature      Date Decision Issued