

APPENDIX F  
EXCLUSIVE ASSIGNMENT DISPUTE RESOLUTION GRIEVANCE FORM

PART 1: STATEMENT OF DISPUTE

\_\_\_\_\_  
Grievant's Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Grievant's Address

\_\_\_\_\_  
Person Making Assignment

\_\_\_\_\_  
Date Assignment Made

\_\_\_\_\_  
Beginning Date of Assignment

I believe the assignment was arbitrarily or unreasonably imposed because:

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

\_\_\_\_\_  
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.

APPENDIX F  
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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

APPENDIX F  
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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

APPENDIX F  
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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