



**UNIVERSITY OF MAINE SYSTEM  
CLERICAL, OFFICE LABORATORY AND TECHNICAL UNIT  
GRIEVANCE DECISION REVIEW FORM**

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

I hereby request that a Step \_\_\_ review of the attached decision be made in connection with the attached grievance because:

I received the decision on \_\_\_\_\_ and filed this request for review at Step \_\_\_\_\_ with the office of \_\_\_\_\_ on \_\_\_\_\_ by: (check one) mail or personal delivery  
 ACSUM grievance representative's signature \_\_\_\_\_  
 (if ACSUM is representing the grievant or if a Step 3 grievance, an ACSUM representative must sign.)

\_\_\_\_\_  
 Name of Grievant Signature of Grievant

Date Received \_\_\_\_\_ By \_\_\_\_\_ Grievance No. \_\_\_\_\_

DISTRIBUTION	ORIGINAL	1 <sup>st</sup> COPY	2 <sup>nd</sup> COPY
<b>Step 2</b>	Chief Administrative Officer or Designee	Campus Grievance File	Campus Grievance Representative or ACSUM
<b>Step 3</b>	Chancellor or Desinee	Campus Grievance File	ACSUM