



**UNIVERSITY OF MAINE SYSTEM AND AMERICAN
FEDERATION OF TEACHERS LOCAL 4593**

Part-time Faculty Grievance Form

Grievance Step (Check one)	<input type="checkbox"/> Step 1	<input type="checkbox"/> Step 2	<input type="checkbox"/> Step 3
Grievance # _____			

Grievant: _____ Date: _____

Department/Division/School/College: _____

Campus: _____ A.F.T. Grievance Representative: _____

Mailing Address: _____ Mailing Address: _____

Article(s)/Section(s) of Agreement violated. (Note – Attach copy of grievance and decision for Step 2 and Step 3 review):

Statement of grievance (including date of acts or omissions complained of/or of date of grievance decision being appealed was received): (Continue on back if needed.)

Redress sought or reason decision is unsatisfactory:

I will be represented by: (Check one) A.F.T. Myself

Signature of A.F.T. Representative _____
(A.F.T. Representative must sign if representing grievant if requesting Step 3 review)

Grievance filed with office of _____ on _____

by (Check on) Mail Personal Delivery

Signature of Grievant _____

Date Received: _____	By _____
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