



UNIVERSITY OF MAINE SYSTEM
PROFESSIONAL AND ADMINISTRATIVE STAFF UNIT
GRIEVANCE DECISION REVIEW FORM

DATE: _____

TO: _____

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
 UMPSA grievance representative's signature _____

 Name of Grievant

 Signature of Grievant

Date Received: _____ By _____ Grievance Number: _____

DISTRIBUTION	ORIGINAL	1ST COPY	2ND COPY
Step 2	Chief Administrative Officer or Designee	Campus Grievance File	Campus Grievance Person or UMPSA (Bangor)
Step 3	Chancellor or Designee	Campus Grievance File	UMPSA (Bangor)