

URI/ PART-TIME FACULTY UNITED (PTFU)

GRIEVANCE FORM

Grievant:

Date:

Grievance Step:

Department/College:

Campus:

Grievant Mailing Address:

** Do Not Use Campus Mailing Address*

Grievant Email:

URI PTFU Office

Contact Information

URI/Part-Time Faculty United
Rodman Hall, Room 119
94 W Alumni Avenue
University of Rhode Island
Kingston, RI 02881
uriptfu@uri.edu

NOTE: A copy of all grievances filed at all levels of the grievance process must also be sent to the **URI PTFU Office** via land or e-mail at the same time it is filed by e-mail or hard copy to the Department Chair.

Article(s) / Section(s) of Agreement violated:

(Note: If applicable, attach a copy of grievance and decision for Step 1 (Immediate Supervisor/Department Chair) and Step 2 (Dean Level) review(s). (Continue on separate sheet, if needed.)

Statement of Grievance:

(including date of acts or omissions complained of/or date grievance decision being appealed was received. (Continue on separate sheet, if needed.)

Redress sought or reason decision is unsatisfactory:

(Continue on separate sheet, if needed.)

I Will Be Represented By:

X

URI / PTFU Representative

** URI /PTFU Representative must sign if representing grievant*

Grievance Filed to the Office of:

Date Grievance Filed:

Correspondence By:

** Do not use campus mail*

X

Grievant

NOTE: If you choose to represent yourself, a PTFU representative will attend (as stated in the URI PTFU contract) all grievance meetings to ensure that the contractual rights of the part-time faculty member are followed.