

APPENDIX N1
NOTICE OF GRIEVANCE
(Article 5 – Grievance Procedure)
Foothill-De Anza Community College District

Name: _____ CWID: _____

Address: _____ Work #: _____

_____ Home #: _____

College: _____

Full-Time Employee _____ Part-Time Employee _____

1. Specific provisions of the *Agreement* alleged to have been violated, misinterpreted, or misapplied:

2. Circumstance or action that resulted in the alleged violation, misinterpretation, or misapplication:

3. Date the action or circumstance occurred:

Date of discovery of that action or circumstance:

Campus or satellite center at which the action or circumstance occurred:

4. Remedy/remedies sought:

5. Representative if other than self: _____

Address: _____ Phone: _____

Date: _____ Signature: _____

Additional information or documents deemed relevant may be attached to this form.

Please note that this form must be received by the District Office of Human Resources, with copies to the Faculty Association and your college President, within 50 school days after you discovered or reasonably could have discovered the circumstance or action giving rise to the grievance. If you have any questions about the grievance procedures, you may call the Faculty Association or the Vice Chancellor of Human Resources.
