

**DISCIPLINARY GRIEVANCE FORM
For Employees In The
State University Professional Services Negotiating Unit**

(Employees are referred to Article 19 of the applicable Agreement between the State of New York and United University Professions which describes the disciplinary procedure in detail.)

Instructions to Employee and College: This form must be used by employees to start a disciplinary grievance pursuant to Article 19 of the Agreement between the State and United University Professions. A form for settlement of disciplinary grievances pursuant to Article 19 is provided below. Employees must be given a chance to obtain representation (either UUP or an attorney of the employee's choice) in proceedings brought under Article 19 and before executing any settlement of a disciplinary grievance.

College _____ Date _____

Employee's Name _____

I will be represented by:

Myself

UUP _____
(Name, address and telephone number)

Attorney _____
(Name, address and telephone number)

I wish to grieve the Notice of Discipline served on me on _____
pursuant to Article 19.

Remarks: (This space may be used to support the employee's grievance.)

Remedy sought:

Aggrieved Employee's Signature

Instructions to Employee: To be considered, this form must be filed with the chancellor, or designee, in person or by registered or certified mail, return receipt requested, at the address below within TEN (10) working days following the date of service of the Notice of Discipline:

Director of Employee Relations
State University of New York
State University Plaza
Albany, New York 12246

Date Received _____ By _____

Response of Chancellor or Designee
(See Attached)

Date _____ By _____
Chancellor or Designee

**Acceptance of Settlement
(If Applicable)**

Instructions: This form may be used to record settlements of disciplinary grievances as provided for by Article 19, Section 19.5 of this Agreement:

"Section 19.5 Settlements. A disciplinary grievance may be settled at any time following the service of a notice of discipline. The terms of the settlement shall be reduced to writing on the disciplinary grievance form to be provided by the State. An employee offered such a settlement shall be offered a reasonable opportunity to have a representative present before the employee is required to execute it."

CERTIFICATION OF OFFER OF RIGHT TO REPRESENTATION

This settlement has been made in accordance with the provisions of Article 19 of the Agreement. We certify that the required opportunity for representation was offered and that no threats of reprisal or promises of special consideration were made by University representatives as an inducement to execute this settlement the full terms of which are described above or attached hereto.

Employee _____ Employer's Representative _____

Employee's Representative (Optional) _____ Date _____

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APPEAL TO ARBITRATION

(Do not complete if you have executed a settlement on the reverse side.)

Instructions to Employee or Representative: To appeal the response of the Chancellor, or designee, to arbitration you must file, by registered or certified mail, return receipt requested, a copy of this form with this section filled out with the Director of the Governor's Office of Employee Relations at the address below within TEN (10) working days after receipt of the response of the chancellor, or designee:

Director of Governor's Office
of Employee Relations
State of New York
Agency Building No. 2
Empire State Plaza
Albany, New York 12223

I wish to appeal this matter to disciplinary arbitration according to the provisions of Article 19 of the Agreement.

Myself

Name of UUP Representative or Attorney

Address

Telephone Number

Employee's Representative
(Optional)

Employee's Signature

Date