EXHIBIT D

_____
Grievance No. *

ACADEMIC GRIEVANCE FORM
(For use by part-time academic bargaining unit members)

<table>
<tr><td>Employee name</td><td>College</td><td>Department</td></tr>
<tr><td>Date of alleged violation</td><td>Date of informal discussion</td><td>Date of oral response</td></tr>
<tr><td>Date of filing of this statement</td><td colspan="2">Specific articles and sections alleged to have been violated</td></tr>
<tr><td colspan="3">Explanation of alleged violation, including all pertinent supportive facts.</td></tr>
<tr><td colspan="3">Statement of relief, remedy, action believed necessary to resolve this grievance.

Signature:_____</td></tr>
<tr><td colspan="2" rowspan="2">Level I: Step 1 – Supervisor response to grievance

Signature:_____</td><td>Date of Receipt: _____
Date of Response: _____</td></tr>
<tr><td>Grievance Resolved: ☐
Grievance Denied: ☐</td></tr>
<tr><td colspan="2" rowspan="2">Level I: Step 2 – Employee/SCFT Representative response to Step 1 decision and if not acceptable, reasons for appeal to Level II

Signature:_____</td><td>Date of Receipt: _____
Date of Response: _____</td></tr>
<tr><td>Decision Acceptable: ☐
Appeal to Level II: ☐</td></tr>
</table>

*Call office of the Vice Chancellor, Human Resources to obtain a Grievance Number

Level II: Step 1 – College President/Designee response to grievance	Date of Receipt: _____ Date of Response: _____
Signature:_____	Grievance Resolved: ☐ Grievance Denied: ☐
Level II: Step 2 – Employee/SCFT Representative response to Step 1 decision and, if not acceptable, reasons for appeal to Level III	Date of Receipt: _____ Date of Response: _____
Signature:_____	Decision Acceptable: ☐ Appeal to Level III: ☐
Level III: Step 1 – Chancellor/Designee response to grievance	Date of Receipt: _____ Date of Response: _____
Signature:_____	Grievance Resolved: ☐ Grievance Denied: ☐
Level III: Step 2 – Employee/SCFT Representative response to step 1 decision and, if not acceptable, reasons for appeal to Level IV	Date of Receipt: _____ Date of Response: _____
Signature:_____	Decision Acceptable: ☐ Appeal to Level IV: ☐
Level IV: Final and Non-Binding Decision of the Arbitrator	Date of Receipt: _____ Date of Hearing: _____ Date of Response: _____
	Grievance Resolved: ☐ Grievance Denied: ☐

Notes:

1. Attach all responses to this form at all levels.
2. Observe time frame requirements of pertinent policy.