

FORM A
NOTICE OF INTENTION TO GRIEVE

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NAME: _____

UNIT: _____

POSITION/RANK: _____

I intend to grieve against the University for the reason(s) noted below:

(Please outline in detail the event, transaction, decision, or the end of a set of circumstances which you are grieving, Please append any materials you consider relevant).

Signature of Member

Date

**Non-Bargaining
Unit School of
Medicine**
