

**FORM C**  
**NOTICE OF INTENTION TO PROCEED TO STEP 2**

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**NOTICE OF INTENTION TO PROCEED TO STEP 2**

**NAME:** \_\_\_\_\_

**UNIT:** \_\_\_\_\_

**POSITION/RANK:** \_\_\_\_\_

(Please attach any additional documents you will be relying on and a list of witnesses you intend to call.)

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Signature of Member \_\_\_\_\_

Date \_\_\_\_\_

**Non-Bargaining Unit**  
**School of Medicine**