REQUEST FOR PEER REVIEW

I,request	, am initiating Step 2 of the informal grievance ing my grievance be reviewed by the Faculty Association Peer Review 0	procedure by Committee.
Name o	of Grievant's Division Dean:	
Informa	al meeting between Grievant and Division Dean (Step 1) occurred on:	Date
_	se from the Dean Received on (if additional time was requested):	Date
Date	e of occurrences(s) alty Agreement Provision(s) and/or College Policy(ies)/Procedure(s) allo	eged to have been
Fac	ets upon which the grievance is based:	
	See attached document titled "Attachment to Request for Peer Review"	,
_		
Faculty	member(s) signature(s) Date	submitted*

*Grievant must complete this form and submit one copy to each of the following within five (5) days from the conclusion of the informal meeting outlined in Step 1: the Faculty Association Grievance Coordinator, the Grievant's Division Dean, the applicable Vice-President, and the Vice President of Human Resources.

PEER REVIEW PANEL FINDINGS AND RECOMMENDATIONS

Peer Review Panel Hearing was	concluded on:	Date
Peer Review Panel Members (na	nme, department, campus):	
		<u> </u>
		<u> </u>
Panel's Findings of Fact and Rec	commendations:	
☐ See attached document t Recommendations"	itled "Attachment to Peer Revi	ew Panel Findings and
Panel Representative (print and s	 sign)	Date submitted*

*The Panel must complete this form and submit one copy to each of the following within five (5) days of the conclusion of the hearing: Grievant, the Grievant's Division Dean, the applicable Vice-President, and the Vice President of Human Resources.

GRIEVANCE FORM 1

INITIATION OF LEVEL 1	
I,, am initiating Level 1 of the formal gri requesting this matter be reviewed and a decision rendered by the Apple	evance procedure by icable Vice President.
Peer Review Panel Findings and Recommendations received on:	Date
Recommendation of Peer Review Panel: Withdraw Grievance Proceed to Formal Level 1 Other	
Include with this form: Request for Peer Review Form and any related documents Peer Review Panel Findings and Recommendations Form and	any related documents
Rationale for initiating Formal Grievance Level 1: \[\sum \text{ See attached document titled "Attachment to Grievance Form I."} \]	<u>1</u> "
Faculty Member(s) signature(s)	Date submitted*
Proposed Meeting Days and Times (optional):	

*Grievant must complete this form and submit one copy to each of the following within ten (10) days from the receipt of the Peer Review Panel's Findings and Recommendations: the applicable Vice-President and the Vice President of Human Resources.

GRIEVANCE FORM 1B

REQUEST FOR VPHR REVIEW	
I,, am requesting this matter be rev	riewed and a decision rendered
by the Vice President of Human Resources (or designee, if the iss VPHR).	sue involves a decision of the
Name of Applicable Vice President:	_
Decision of Applicable Vice President was received on:	Date
Include with this form: Request for Peer Review Form and any related documents Peer Review Panel Findings and Recommendations Form Level 1 Response from Applicable Vice President and any	n and any related documents
Rationale for seeking review by the VPHR: \[\subseteq \textit{See attached document titled "Attachment to Grievance It."} \]	Form 1B"
Faculty Member(s) signature(s)	Date submitted*
Proposed Meeting Days and Times (optional):	

*Grievant must complete this form and submit to the Vice President of Human Resources within ten (10) days from the receipt of the decision of the Applicable Vice Present.

GRIEVANCE FORM 2 (NOTICE OF MEDIATION)

I,, am initiating Level 2 of the formal grievance pr giving notice of my request for this matter to be mediated.	rocedure by
Level 1 meeting with the Applicable Vice-President and the VPHR occurred on:	
Level 1 Response received by the Grievant from on:	Date
	Date
Request for Peer Review Form and any related documents Peer Review Panel Findings and Recommendations Form and any relate Level 1 Response and any related documents Independent Decision of VPHR and any related documents Proposed Preferred Mediator:	ed documents
Proposed Alternate Mediator:	
Faculty member(s) signature(s) Date su	ıbmitted*

*Grievant must complete this form and submit one copy to each of the following within ten (10) days from the receipt of the Level 1 Response: Vice President of Human Resources, the applicable Vice-President, and the Faculty Association Grievance Coordinator.

GRIEVANCE FORM 3

INITIATION OF LEVEL 3		
I,, a requesting this matter be reviewed	m initiating Level 3 of the formal grand a decision rendered by the Presi	ievance procedure by ident of the College.
Date mediation was concluded at I	Level 2:	
Name of the mediator used:		Date
Peer Review Panel Findin Level 1 Response and any	VPHR and any related documents	any related documents
П	levance Level 3: led "Attachment to Grievance Form	3"
Faculty Member(s) signature(s)		Date submitted
Proposed Meeting Days and Times	s (optional):	

*Grievant must complete and submit this form to the President of the College within ten (10) days of the conclusion of mediation.

DEMAND TO ARBITRATE

INITIATION OF	LEVEL 4	
I,demanding this ma	, am initiating Level 4 of the fo	ormal grievance procedure by a neutral arbitrator.
Level 3 meeting w	ith the President of the College occurred on:	Date
Level 3 Response i	received by the Grievant on:	Date
Peer Revie Level 1 Re Independer Grievance	orm: r Peer Review Form and any related docume w Panel Findings and Recommendations Fo sponse and any related documents nt Decision of VPHR and any related docum Form 2 and any related documents sponse and any related documents	orm and any related documents
	ting Formal Grievance Level 4: ed document titled "Attachment to Demand i	to Arbitrate"
Faculty Member(s)) signature(s)	Date submitted

*Grievant must complete and submit this form to the President of the College within ten (10) days of the Grievant's receipt of the President's Level 3 Response.