

BYLAWS OR CODE GRIEVANCE – SECTION M

Appeal to President

Instructions: This form is completed if the grievant is not satisfied with the response at Step Two and would like to appeal the response to the President. The appeal must be filed within 14 calendar days following the issuance of the response at Step Two. Form must be filed with the office of the President.

| | | | |
|--------------|--|------------|-------|
| Date Filed | | | |
| First Name | | Last Name | |
| Title | | Department | |
| Home Address | | | Phone |
| City | | State | Zip |

STATEMENT OF APPEAL

Please provide a concise but complete statement why you are appealing the response at Step Two, including arguments why the decision is erroneous. Attach a copy of the Step Two response as well as a copy of all papers you filed.

Complete Statement of Appeal (attach additional pages as needed)

I choose I do not choose to request a meeting for the purposes of discussing this grievance.

| | |
|--------------------|------|
| Grievant Signature | Date |
|--------------------|------|