Exclusive Assignment Dispute Resolution Form

PART 1A: Statement of Dispute	
Employee's Name	Department
Employee's Address	Person Making Assignment
Date Assignment Made	Beginning Date of Assignment
I believe the assignment was arbitrarily or unre	asonably imposed because:
Employee's Signature PART 1B:	UFF Representative's Signature
Date Filed	 Date of Meeting
The assignment was not arbitrarily or unreason imposed: The disputed assignment has been r	•
Person making the assignment	 Date of Decision
	ALL DOCUMENTATION WHICH THE EMPLOYEE FOR DOCUMENTATION THE EMPLOYEE HAS PPENDIX H, SECTION H.3.)
MAY HAVE UNDER CHAPTER 120 OF THE	THIS GRIEVANCE, I WAIVE WHATEVER RIGHTS I F FLORIDA STATUTES WITH REGARD TO THE R ALL OTHER UNIVERSITY PROCEDURES WHICH TERS.
PART 2: Decision of Dean or Appropriate Admir	nistrator
	 Date of Conference

The assignment was not arbitrarily or unreaso	onably imposed:
The disputed assignment has been resolved i	in the following manner:
Dean or appropriate administrator	Date of Decision
PART 3: UFF Notice of Intent to Refer Assigni	
The decision of the Dean or other appropriate gives notice of its intent to refer the dispute to	e administrator is not satisfactory and the UFF hereby o a Neutral Umpire.
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Employee's Name	Date of Receipt by President's
	Representative
UFF Representative	Receipt Acknowledged by President's Representative
PART 4: Neutral Umpire's	
Decision	
The disputed assignment was	/was not arbitrarily or unreasonably imposed.
Reasons for the determination that the assign	ment was arbitrarily or unreasonably imposed are:
Suggested Remedy (Optional):	
Neutral Umpire's Name	Employee's Name
radulal omplio a Name	Employees Traine
Neutral Umpire's Signature	Date Decision Issued