REEMPLOYMENT PREFERENCE GRIEVANCE FORM (ARTICLE 13-1 ONLY)

EMPLOYEE NAME:	
DEPARTMENT(S):	LOCATION (SITE):
AFT IS AUTHORIZED TO FILE THIS GRIEVANCE	
TIME OF ORIGINAL ASSIGNMENT (Reference Article 13-1.B.1):	
DATE OF INFORMAL DISCUSSION:	
DATE OF INFORMAL RESPONSE:	
DATE OF FILING THIS WRITTEN GRIEVANCE WITH THE REEMPLOYMENT PREFERENCE COMMITTEE:	
EMPLOYEE'S STATEMENT OF ALLEGED VIOLATION(S) OF ARTICLE 13-1. Provide facts necessary to support your position/contention. Include your number of semesters of service, your modal load, and example(s) of specific course assignment(s) that you have taught before but which have been assigned to less senior hourly faculty, etc.	
RESOLUTION BY THE COMMITTEE:	
DATE OF COMMITTEE MEETING:	
The Committee reached consensus on the resolution of this grievance, and has attached a signed, written statement of resolution, including those remedies granted pursuant to Article 13-1.E.	
The Committee failed to reach co	nsensus.