

**THE CALIFORNIA STATE UNIVERSITY
REQUEST FOR RECONSIDERATION
UNIT 4**

APPENDIX F

LEVEL OF FILING

DATE OF FILING

Level I - Appropriate Administrator _____
Name of Administrator

Level II - President

Level III - Campus Relations & Dispute Resolution,
Office of the Chancellor

**Only alleged violations of written system policies may be pursued to this level.*

CAMPUS

DEPARTMENT
OR EQUIVALENT UNIT

REQUESTOR'S NAME

CLASSIFICATION

CAMPUS TELEPHONE NUMBER

Specific term policy/rule alleged violated:

Written campus policy/work rule:

Written systemwide policy/work rule:

Detailed description of the grounds of the alleged violation (include dates, places, times, etc.):

(If more space is needed, additional sheets may be attached.)

Proposed remedy:

Requestor's signature:

Requestor's address:

Name of representative:

Representative's address and telephone number:

Response:

Level I

Level II

Level III

Signature: _____ Title: _____ Date: _____

Please provide one copy of each reconsideration request filing or response to: a) employee; b) Employer (level of filing); c) Campus Relations & Dispute Resolution, Office of the Chancellor, 401 Golden Shore, 4th Floor, Long Beach, CA 90802-4210; d) employee's representative.

(Revised 9/17/07)