

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

**APPENDIX F**

**LEVEL OF FILING**

**DATE OF FILING:**

**CAMPUS:**

- Level I – Appropriate Administrator
- Level II – President
- Level III – Labor Relations, Office of the Chancellor  
*(Only alleged violations of written system policies may be pursued to this level.)*

**Department or Equivalent Unit:**

**Appropriate Administrator:**

**REQUESTOR'S NAME**

**CLASSIFICATION**

**CAMPUS TELEPHONE NUMBER**

**Specific term of 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) Labor Relations, Office of the Chancellor, 401 Golden Shore, Long Beach, CA 90802; d) employee's representative.*