

SENIORITY BYPASS APPEAL FORM

Date: _____

Office of Employee Labor Relations
Whitmore Administration Building

In accordance with Article 19, Section 5, of the current Collective Bargaining Agreement, please arrange a meeting regarding my non-selection for the following position:

Position : _____

Requisition Number: _____

Date Advertised on Yellow Sheet: _____

Date Filled: _____

Name (Printed) _____

Signature _____

Title _____

Seniority Date _____

Steward of Record _____