## Casework Form - Request for Personal Casework Assistancesuculogo

Further to your recent enquiry please provide the following information:

1. **Caseworker:** (to be completed by caseworker/coordinator)

|  |  |
| --- | --- |
| Name: |  |
| Contact Number(s): |  |
| Contact Email(s): |  |
| HEI |  |
| UCU Member No: |  |
| Date Joined UCU: |  |
| Date Raised to UCU: |  |
| CRM Ref (if applicable) |  |

1. **Member:** (to be completed by member)

|  |  |
| --- | --- |
| Member Name: |  |
| Department: |  |
| Job Title: |  |
| Contact Number(s): |  |
| Contact Email(s): |  |
| Home Address: |  |

**PLEASE NOTE:** You should also double check you are paying correct subscription rate. You can do this by following the links on the UCU webpage (<http://www.ucu.org.uk/>). If required, Legal assistance will only be offered to members up to date with their subscriptions and paying the correct amount.

1. **Nature of Case:** (to be completed by member)Please indicate what your case relates to, put Y or N in the adjacent column(s):

|  |  |
| --- | --- |
| **Employee Relations:** | **Y / N** |
| Capability |  |
| Disciplinary  |  |
| Grievance |  |
| Bully & Harassment |  |
| Employment Dismissal |  |
| Less Favourable Treatment |  |
| **Contractual:** | **Y / N** |
| Fixed Term Contract |  |
| Part Time |  |
| Contract Ending |  |
| Less Favourable Treatment |  |
| Pay & Grading(incl Equal Pay) |  |
| Probation (if yes: date commenced) |  |
| **Discrimination:** | **Y / N** |
| Age |  |
| Disability |  |
| Gender reassignment |  |
| Marriage & Civil Partnership |  |
| Pregnancy & Maternity |  |
| Race |  |
| Religion or Belief |  |
| Sex |  |
| Sexual Orientation |  |

1. **Please give brief details:**(please attach all relevant paperwork in relation to your issue):

|  |
| --- |
|  |

1. **Preferred Outcome:**

If at this stage you know what you want to achieve by this request then please be as

clear as you can about this.

|  |
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|  |

1. **Caseworker:** (to be completed by caseworker/coordinator)

|  |  |  |
| --- | --- | --- |
| **Date:** |  | This is the date to which the issue raised in this form was first complained of |
| **TIME LIMITS FOR CLAIM TO TRIBUNAL** | **RELEVANT DATE FOR EXPIRY OF TIME LIMIT** |
|

|  |
| --- |
| UNFAIR DISMISSAL  |

 | 3 MONTHS |  |
|

|  |
| --- |
| WAGES ACT CLAIM  |

 | 3 MONTHS |  |
|

|  |
| --- |
| NO CONSULTATION WITH TU ON REDUNDANCY  |

 | 3 MONTHS |  |
|

|  |
| --- |
| MATERNITY RIGHTS  |

 | 3 MONTHS |  |
|

|  |
| --- |
| SEX AND RACE DISCRIMINATION  |

 | 3 MONTHS |  |
|

|  |
| --- |
| REDUNDANCY PAYMANT |

 | 6 MONTHS |  |
|

|  |
| --- |
| EQUAL PAY |

 | 6 MONTHS |  |
|

|  |
| --- |
| PERSONAL INJURY |

 | 3 YEARS |  |
|

|  |
| --- |
| BREACH OF CONTRACT |

 | 6 YEARS |  |

1. **Caseworker:** (may be used by caseworker to record the case as it progresses)

|  |
| --- |
| **Contact:** Telephone\_\_ Meeting\_\_ Other\_\_\_\_\_\_\_\_ **With:** **Date**: **Duration:** |
| **Notes from discussion**: |

|  |
| --- |
| **Contact:** Telephone\_\_ Meeting\_\_ Other\_\_\_\_\_\_\_\_ **With:** **Date**: **Duration:** |
| **Notes from discussion**: |

|  |
| --- |
| **Contact:** Telephone\_\_ Meeting\_\_ Other\_\_\_\_\_\_\_\_ **With:** **Date**: **Duration:** |
| **Notes from discussion**: |

|  |
| --- |
| **Contact:** Telephone\_\_ Meeting\_\_ Other\_\_\_\_\_\_\_\_ **With:** **Date**: **Duration:** |
| **Notes from discussion**: |

Please return the above information to Sheffield University and College Union, 2 Hounsfield Road, Sheffield, S3 7RF or mailto:ucu@sheffield.ac.uk as soon as possible. Your covering email must bring to our attention any immediate deadlines you are faced with, such as a meeting with your line manager or with Human Resources.