

EMPLOYEE GRIEVANCE FORM (PPM #18)

GRIEVANT'S NAME _____

TITLE _____

DATE GRIEVANT BECAME AWARE OF CAUSE FOR GRIEVANCE _____

DATE GRIEVANCE FILED _____

GRIEVANCE STATEMENT

Additional pages may be attached if more space is needed. Must be presented within seven (7) calendar days from the date the grievant first became aware of the cause for the grievance.

RELIEF SOUGHT

Additional pages may be attached if more space is needed.

Grievant's Signature

Date

Cc: Human Resources Director

GRIEVANCE

GRIEVANT'S NAME _____

STEP ONE DECISION

DECISION OF IMMEDIATE SUPERVISOR

Additional pages may be attached if more space is needed. Must render decision within seven (7) calendar days of receipt of the grievance.

Supervisor's Signature

Date

EMPLOYEE RESPONSE

_____ I am satisfied with the Step One decision of my supervisor.

_____ I am not satisfied with the Step One decision of my supervisor and wish to proceed to Step Two. (Must present to the Assistant Secretary within seven (7) calendar days of receipt of the Step One decision).

Grievant's Signature

Date

Cc: Human Resources Director

GRIEVANCE

GRIEVANT'S NAME _____

STEP TWO DECISION

DECISION OF APPOINTING AUTHORITY

Additional pages may be attached if more space is needed. Must render decision within fourteen (14) calendar days of receipt of the Step Two grievance.

Appointing Authority's Signature

Date

EMPLOYEE ANSWER

_____ I am satisfied with the Step Two decision of the Appointing Authority.

_____ I am not satisfied with the Step Two decision of the Appointing Authority and wish to proceed to Step Three. (Must present to the Secretary (or designee) within seven (7) calendar days of receipt of the Step Two decision).

Grievant's Signature

Date

Cc: Human Resources Director

