

APPLICATION FOR GRIEVANCE RESOLUTION

Employee's Name: _____
Please Print

Department: _____

Supervisor's Name _____

Description of Grievance:

Date of Disciplinary Action or Occurrence Resulting in Grievance

Requested Relief or Suggested Resolution

Date Grievance Submitted _____

Request Meeting with Department Director? _____
Yes or No

Employee's Signature _____

(Please attach additional page(s) if needed)

APPLICATION FOR GRIEVANCE RESOLUTION (PAGE 2)

Employee's Name: _____
Please Print

Department: _____

Employee's Representative (if any) _____

Date Grievance Submitted to Dept. Director: _____

Date of Optional Meeting with Dept. Director _____

Date of Department Director's Response _____

Employee's Statement of Objections to Department Director's response (optional):

(“If the employee is not satisfied with the Department Director’s decision, the employee may submit the written grievance... to the Chief Administrative Officer who will convene a grievance committee to investigate the dispute and recommend a resolution.”)

I am not satisfied with the Department Director's response; I want to submit my grievance to the Chief Administrative Officer and request a hearing before a Grievance Resolution Committee.

Employee's Signature (and date)

Date Grievance Submitted to CAO _____

(Please attach additional page(s) if needed)