

GRIEVANCE APPEAL FORM FOR EXEMPT EMPLOYEES

(To be completed by the employee)

NAME _____
TITLE _____
DEPARTMENT _____

EMPLOYEE’S GRIEVANCE (Attach additional pages if necessary)

WHAT IS THE REMEDY YOU ARE REQUESTING ON YOUR BEHALF?

EMPLOYEE’S SIGNATURE _____ **DATE** _____

Step One – The grievant presents their grievance by submitting this form to their immediate supervisor or the Director for the purpose of informal discussion. ***The grievant shall send a copy of the grievance to the Employer/Employee Relations Manager in the Office of Human Resources.***

Supervisor’s Decision (Attach additional pages if necessary)

Supervisor’s/Director’s Signature _____ Date _____

Employee’s Signature _____ Date _____

Accepted _____ Not Accepted _____

The supervisor shall return this form with the decision to the employee and a copy shall be sent to the Employer/Employee Relations Manager in the Office of Human Resources.

Step Two – The grievant may appeal to step two by completing this section of the form and sending it to the Vice President of the respective division. ***The grievant shall send a copy of the grievance to the Employer/Employee Relations Manager in the Office of Human Resources indicating that the grievance has been filed at Step Two.***

I wish to appeal the Step One Decision to Step Two of the grievance procedure.

Grievant's Signature _____ Date _____

Vice President's Decision (Attach additional pages if necessary)

Vice President's Signature _____ Date _____

Employee's Signature _____ Date _____

Accepted _____ Not Accepted _____

The Vice President shall return this form with the decision to the employee and a copy shall be sent to the Employer/Employee Relations Manager in the Office of Human Resources.

Step Three – The grievant may appeal to step three by completing this section of the form and sending it to the President's Designee. ***The grievant shall send a copy of the appeal to the Employer/Employee Relations Manager in the Office of Human Resources indicating that the grievance has been filed at Step Three.***

Grievant's Signature _____ Date _____

President's Designee's Decision (Attach additional pages if necessary)

President's Designee's Signature _____ Date _____

The President's designee shall return this form with the decision to the employee and a copy shall be sent to the Employer/Employee Relations Manager in the Office of Human Resources.