

**Overview:** An Employee Grievance is initiated by first presenting the grievance to the employee’s supervisor/director for informal discussion. Following that discussion, an employee, or the representative may present the grievance in writing using this form, to the Department Head; Chairperson or their designated representative.

**Special Action Appeals** are appeals to Charges for Removal; Involuntary Demotion; Suspension; Suspension Pending Charges for Removal; or Rejection on Probation. Special Action Appeals are initiated at Step Two and are heard by a hearing officer designated by the Associate Vice President for Human Resources. If you do not know who the designated hearing officer is, send the appeal to or call the Office of Human Resources at x4-6015.

Name of Employee: \_\_\_\_\_ Ey' ul, J \_\_\_\_\_

Name of Representative: \_\_\_\_\_ DW3@y WpJ \_\_\_\_\_

Employee’s representative name, if any: \_\_\_\_\_

**Explain Grievance:**

/ s/nf Aj 3/4 Wf of 3/4 N, Wf~Wf 20Wf AWf or y 3uWf

\_\_\_\_\_  
(Employee signature) \_\_\_\_\_  
(Date)

**Step One – Management Decision:** (can be attached on separate sheet)

Date Received: \_\_\_\_\_ Date of Decision: \_\_\_\_\_

If this decision is appealed, it should be directed to:

\_\_\_\_\_  
(Name and Title of next level)

\_\_\_\_\_  
(Signature and Title)

\_\_\_\_\_  
(Employee or Representative Signature)

\_\_\_\_\_  
(Date)

Accepted: \_\_\_\_\_ Not Accepted: \_\_\_\_\_

**Step Two – Management Decision:** (can be attached on separate sheet)

Date Received: \_\_\_\_\_ Date of Decision: \_\_\_\_\_

**If this decision is appealed, it should be directed to the Office of Administrative Hearings for the third step:**

\_\_\_\_\_  
(Name and Title of next level)

\_\_\_\_\_  
(Signature and Title)

\_\_\_\_\_  
(Employee or Representative Signature)

\_\_\_\_\_  
(Date)

Accepted: \_\_\_\_\_ Not Accepted: \_\_\_\_\_