

STANDARD GRIEVANCE FORM

Use additional pages
for any section of
this form, if necessary

NAME OF EMPLOYEE		OFFICE TELEPHONE
OFFICE LOCATION	POSITION	GRADE
REPRESENTED BY: <input type="checkbox"/> SELF <input type="checkbox"/> UNION	REPRESENTATIVE NAME	REP TELEPHONE

Description of grievance. What article(s) of the Agreement are involved?

Relief sought:

I hereby authorize my representative to examine any appropriate official document, personnel record, or medical information which may be related to the grievance.

EMPLOYEE SIGNATURE	DATE
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STEP 1 SUBMITTED

SUPERVISOR	TELEPHONE	ORAL PRESENTATION REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE RECEIVED
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DISPOSITION OF GRIEVANCE

NAME OF EMPLOYEE

STEP 1 DECISION BY:

TITLE	SIGNATURE	DATE
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DECISION (Enter disposition summary here and check block if narrative attached)

RECEIPT ACKNOWLEDGED BY EMPLOYEE OR UNION REPRESENTATIVE		DATE
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Grievance Resolved Proceed to next Step Oral Presentation Requested Photocopy to Union

AS NEEDED, DESIGNATE STEP 2 OFFICIAL →	NAME	LOCATION	TELEPHONE
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STEP 2 DECISION BY:

TITLE	SIGNATURE	DATE
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PERSON SERVED	<input type="checkbox"/> MAIL <input type="checkbox"/> DIRECT	DATE
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DECISION (Enter disposition summary here and check block if narrative attached)

RECEIPT ACKNOWLEDGED BY EMPLOYEE OR UNION REPRESENTATIVE		DATE
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Grievance Resolved Proceed to next Step Oral Presentation Requested Photocopy to Union

AS NEEDED, DESIGNATE STEP 3 OFFICIAL →	NAME	LOCATION	TELEPHONE
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STEP 3 DECISION BY:

TITLE	SIGNATURE	DATE
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PERSON SERVED	<input type="checkbox"/> MAIL <input type="checkbox"/> DIRECT	DATE
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DECISION (Enter disposition summary here and check block if narrative attached)

RECEIPT ACKNOWLEDGED BY EMPLOYEE OR UNION REPRESENTATIVE		DATE
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Grievance Resolved Yes No Photocopy to Union

FOR LABOR AND EMPLOYEE RELATIONS STAFF USE →	Grievance Code:	Disposition:	Disposition Level:
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