



SOUTHERN UNIVERSITY AT NEW ORLEANS
6400 PRESS DRIVE
NEW ORLEANS, LOUISIANA 70126
PHONE: (504) 286-5118
FAX: (504) 284-5482

Department of Human Resources

FACULTY & STAFF GRIEVANCE FORM

It is the policy of the University to develop and maintain a satisfied and efficient work force. In keeping with this policy, when an employee feels that he/she has been treated unjustly, he/she has the right to use the grievance procedure described below without coercion, discrimination or the reprisal of any kind. Copies of the necessary forms can be obtained from the Office of Human Resources.

CAMPUS _____ DATE _____

EMPLOYEE'S NAME _____ POSITION _____

FIRST STEP

GRIEVANCE STATEMENT

RELIEF SOUGHT

Grievant's Signature _____ Date _____

DECISION OF IMMEDIATE SUPERVISOR

Supervisor's Signature _____ Date _____



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SECOND STEP

Section, Division, or Unit Head

REPLY TO EMPLOYEE GRIEVANCE

Signature _____ Date _____

EMPLOYEE RESPONSE (Please check one and initial)

I am satisfied with the answer to my grievance. _____ (Please initial)

I am not satisfied with the answer to my grievance and wish to have it referred to the next step.
_____ (Please initial)

THIRD STEP

Grievance Hearing and Appointing Authority's Decision

Recommendation (s) of Hearing Officer or Grievance Committee:

Signature _____ Date _____

Decision of Appointing Authority:

Signature _____ Date _____