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________________________
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____________________________