

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 _____

supervisor or the Director for the purpose of informal discussion. The grievant shall send a copy of
the grievance to the Empln da(o)-4.3 (t)-2.mgvarmpln da(.0834.3 4e)-8 (E-8 (E)R)6 39E-8 (EI-2.3 (n)t2.3 (n)ida(o)-4.-7.2 (ces3.4

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 _____ or 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