

# 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

<b>FOR LABOR AND EMPLOYEE RELATIONS STAFF USE</b> →	Grievance Code:	Disposition:	Disposition Level:
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