



GRIEVANCE FORM
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EMPLOYEE NAME	SSN
UNIT	JOB TITLE
UNION MEMBER? (If yes, send copy to Union) () YES () NO	NAME OF STEWARD OR ADVISOR
DATE GRIEVANCE OCCURRED	DATE GRIEVANCE FILED WITH SUPERVISOR (Must be filed within five (5) working days)

STATEMENT OF GRIEVANCE	
REMEDY REQUESTED	
EMPLOYEE SIGNATURE	DATE

STEP ONE: REVIEW BY IMMEDIATE SUPERVISOR (Meet and reply within 2 working days.)		
NAME AND TITLE OF IMMEDIATE SUPERVISOR	DATE RECEIVED	DATE OF MEETING
REPLY BY IMMEDIATE SUPERVISOR		
SUPERVISOR SIGNATURE	DATE	

I am not satisfied with the above answer to my grievance and wish to have it referred to STEP TWO. (This request must be filed within 2 working days of receipt of Supervisor's reply.)	
EMPLOYEE SIGNATURE	DATE

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EMPLOYEE NAME	SSN
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STEP TWO: REVIEW BY UNIT HEAD (Meet and reply within 2 working days.)		
NAME AND TITLE OF UNIT HEAD	DATE RECEIVED	DATE OF MEETING
REPLY BY UNIT HEAD		
UNIT HEAD SIGNATURE	DATE	
SEND COPY TO AGCENTER HUMAN RESOURCE MANAGEMENT OFFICE		

I am not satisfied with the above answer to my grievance and wish to have it referred to STEP THREE. (This request must be filed within 3 working days of receipt of Unit Head's reply.)	
EMPLOYEE SIGNATURE	DATE

STEP THREE: REVIEW BY VICE CHANCELLOR/DIRECTOR (Meet and reply within 2 working days.)		
NAME AND VICE CHANCELLOR/DIRECTOR	DATE RECEIVED	DATE OF MEETING
REPLY BY VICE CHANCELLOR/DIRECTOR		
VICE CHANCELLOR/DIRECTOR SIGNATURE	DATE	
SEND COPY TO AGCENTER HUMAN RESOURCE MANAGEMENT OFFICE		

I am not satisfied with the above answer to my grievance and wish to have it referred to STEP FOUR. (This request must be filed within 3 working days of receipt of Vice Chancellor/Director's reply.)	
EMPLOYEE SIGNATURE	DATE

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EMPLOYEE NAME	SSN
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STEP FOUR: DECISION BY THE CHANCELLOR

REFER TO COMMITTEE () YES () NO	DATE RECEIVED	DATE OF MEETING
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DECISION

CHANCELLOR SIGNATURE	DATE
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SEND COPY TO AGCENTER HUMAN RESOURCE MANAGEMENT OFFICE