

SF16

GRIEVANCE FORM

This form is to be used if the grievant is not satisfied with the decision of his/he immediate supervisor at the First Step of the grievance procedure. The form will be completed at each subsequent Step at which the appeal is made. If a grievance is settled orally with the immediate supervisor, written record is not mandatory. However, a memorandum record of the grievance for agency use is advisable in such cases.

AGENCY _____ DATE _____

NAME _____

JOB CLASSIFICATION _____

GRIEVANCE STATEMENT

RELIEF SOUGHT

Grievant's Signature _____

DECISION OF IMMEDIATE SUPERVISOR

Supervisor's Signature _____ Date _____

SECOND STEP

SECTION, DIVISION OR UNIT HEAD

Reply to Employee Grievance: _____ _____ _____ Signature _____ Date _____
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Employee Answer

- I am satisfied with the answer to my grievance
- I am not satisfied with the answer to my grievance and wish to have it referred to the next step.

THIRD STEP

GRIEVANCE HEARING AND APPOINTING AUTHORITY'S DECISION

Recommendation(s) of Hearing Officer or Grievance Committee: _____ _____ _____ _____ Signature _____ Date _____
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Decision of Appointing Authority: _____ _____ _____ Signature _____ Date _____
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