

DIVISION OF ADMINISTRATION

GRIEVANCE

GRIEVANT'S NAME _____

POSITION _____ SECTION _____

DATE GRIEVANT BECAME AWARE OF CAUSE FOR GRIEVANCE _____

DATE GRIEVANCE FILED _____

GRIEVANCE STATEMENT (Additional pages may be attached if more space is needed.)
Must be presented within 7 calendar days of the date the grievant first became aware of
the cause for the grievance.

RELIEF SOUGHT (Additional pages may be attached if more space is needed.)

Grievant's Signature

Date

Copy provided to Human Resources Director: Yes No

DIVISION OF ADMINISTRATION

GRIEVANCE

GRIEVANT'S NAME _____

STEP ONE DECISION

DECISION OF IMMEDIATE SUPERVISOR (Additional pages may be attached if more space is needed.) Must render decision within 7 calendar days of receipt of the grievance.

Supervisor's Signature

Date

Supervisor's Name (Print)

Copy provided to Human Resources Director: Yes No

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EMPLOYEE RESPONSE

- I am satisfied with the Step One decision of my supervisor.
- I am not satisfied with the Step One decision of my supervisor and wish to proceed to Step Two.(Must present to the Assistant Commissioner within 7 calendar days of receipt of the Step One decision).

Grievant's Signature

Date

Copy provided to Human Resources Director: Yes No

DIVISION OF ADMINISTRATION

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GRIEVANT'S NAME _____

STEP TWO DECISION

DECISION OF ASSISTANT COMMISSIONER (Additional pages may be attached if more space is needed.) Must render decision within 14 calendar days of receipt of the Step Two grievance.

Assistant Commissioner's Signature

Date

Assistant Commissioner's Name (Print)

Copy provided to Human Resources Director: Yes No

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EMPLOYEE RESPONSE

- I am satisfied with the Step Two decision of the Assistant Commissioner.
- I am not satisfied with the Step Two decision of the Assistant Commissioner's and wish to proceed to Step Three. (Must present to the Deputy Commissioner within 7 calendar days of receipt of the Step Two decision).

Grievant's Signature

Date

Copy provided to Human Resources Director: Yes No

DIVISION OF ADMINISTRATION

GRIEVANCE

GRIEVANT'S NAME _____

STEP THREE DECISION

DECISION OF DEPUTY COMMISSIONER (Additional pages may be attached if more space is needed.) Must render decision within 21 calendar days of receipt of the Step Three grievance.

Deputy Commissioner's Signature

Date

Deputy Commissioner's Name (Print)

Copy provided to Human Resources Director: Yes No

THIS DECISION IS FINAL