

Merit Employee Grievance Form

This form identifies the steps for the grievance procedure for Merit employees. Additional information regarding this procedure can be found under Regents Merit System Rule 681-3.129 (8A) Grievances at www.legis.iowa.gov/docs/ACO/chapter/03-21-2012.681.3.pdf. Employees should first discuss their issue with their immediate supervisor. Human Resource Services may also be contacted to informally discuss an issue prior to beginning the formal grievance process.

To be completed by employee:
Employee (Grievant): _____ Position Title: _____
Supervisor: _____ Department: _____
Statement of Grievance:
State the issue including the applicable Regents Merit System Rule or university policy (if known) and date of incident. An addendum may be attached:
Adjustment/Corrective Action Requested:
Signature: _____ UID: _____ Date: _____
Grievance needs to be filed with Department Head (or Designee) within ten (10) workdays of known occurrence.

Step 1: (Returned within ten (10) workdays of receipt of grievance)
Disposition of Grievance:
Signature of Department Head (or Designee): _____ Date Received _____ Date Answered _____
Step 1: Answer Received (Date): _____ Accepted (Initial): _____ Rejected (Initial): _____
Employee Comments (optional):
Signature of Employee: _____
Grievance must be appealed to Dean/Division VP (or Designee) within five (5) workdays of receipt of Step 1 decision.

Step 2: (Returned within ten (10) workdays of receipt of Step 1 decision)

Disposition of Grievance:

Signature of Dean/Division VP (or Designee): _____

Signature of HRS Director (or Designee): _____

Date Received _____ Date Answered _____

Step 2: Answer Received (Date): _____ **Accepted (Initial):** _____ **Rejected (Initial):** _____

Employee Comments (optional):

Signature of Employee: _____

Grievance must be appealed to the President (or Designee) within five (5) workdays of receipt of Step 2 decision.

Step 3: (Returned within ten (10) workdays of receipt of Step 2 decision)

Disposition of Grievance:

Signature of President (or Designee): _____ **Date Received** _____ **Date Answered** _____

Step 3: Answer Received (Date): _____ **Accepted (Initial):** _____ **Rejected (Initial):** _____

Employee Comments (optional):

Signature of Employee: _____

Grievance must be appealed to the Merit System Director within five (5) workdays of receipt of Step 3 decision.

Step 4: Arbitration

I request a hearing before an Arbitrator for the following reasons (please state fully):

Signature of Employee: _____ **Date:** _____

Date Received by Board of Regents Office: _____

Final Disposition or Approval of Settlement:

Step 4: Arbitration (Continued)

Signature of Merit System Director: _____ **Date:** _____

Date Employee Advised of Action Taken: _____

Signature of Employee: _____ **Date:** _____

Merit Employee Grievance Process

