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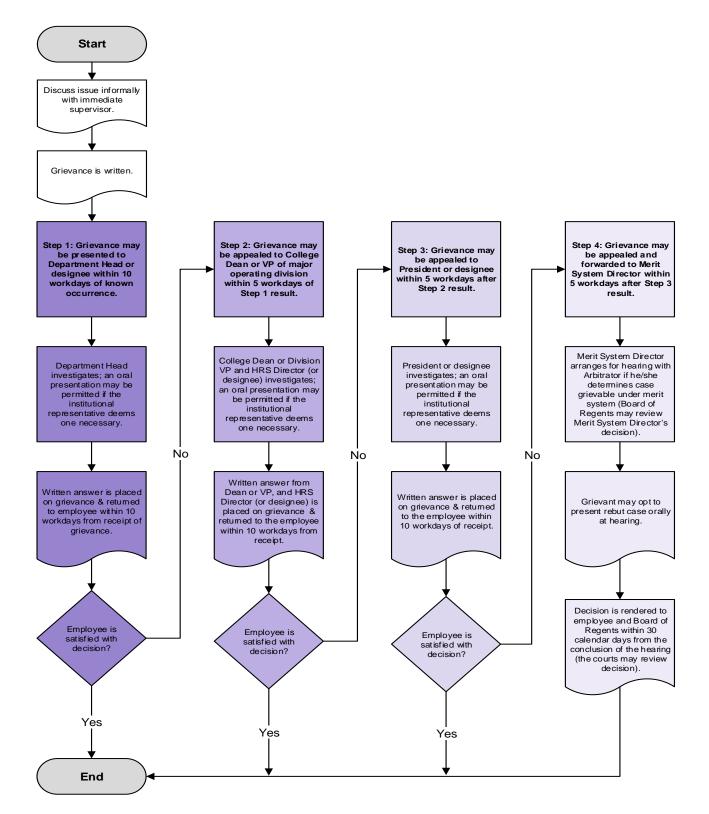
Merit Employee Grievance Form

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Employee (Grievant): Supervisor:				
Statement of Grievance: State the issue including the applicable Regents Me may be attached:				
Adjustment/Corrective Action Requested:				
Signature:	UI	D:	Date:	
Signature: Grievance needs to be filed with Departme				
Grievance needs to be filed with Departme	nt Head (or Designee) within ten			
-	nt Head (or Designee) within ten			
Grievance needs to be filed with Departme Step 1: (Returned within ten (10) workdays of receip	nt Head (or Designee) within ten			
Grievance needs to be filed with Departme Step 1: (Returned within ten (10) workdays of receip	ent Head (or Designee) within ten	i (10) workda	ys of known occurrence.	
Grievance needs to be filed with Departme Step 1: (Returned within ten (10) workdays of receip Disposition of Grievance:	ent Head (or Designee) within ten	n (10) workda	ys of known occurrence.	

Step 2: (Returned within ten (10) workdays of Disposition of Grievance:	receipt of Step 1 decision)	
Signature of Dean/Division VP (or Designee	e):	
Signature of HRS Director (or Designee):		
Date Received	Date Answered	
Step 2: Answer Received (Date): Employee Comments (optional):	Accepted (Initial):	Rejected (Initial):
Signature of Employee:		vorkdays of receipt of Step 2 decision.
Grievance must be appealed to the Pr	esident (or Designee) within five (5) w	
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 I	Merit System Director within five (5) w	orkdays of receipt of Step 3 decision.
Step 4: Arbitration		U. A
I request a hearing before an Arbitrator for the second seco	the following reasons (please state ful	пу):
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

Merit Employee Grievance Form Revised 08/2017