Purpose of Appeal: ______________________________________________________________
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Recommendation Requested of the Grievance Committee: _____________________________
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Statement that Chain-of-Command was followed in appealing the Grievance: ____________
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______________________________________________________________________________
I request that my Grievance Hearing be:

OPEN  or  CLOSED to the Public: _________________________________________

Circle open or closed (Please circle only one)  Employee Signature  Date

Closed to the public means only the grievant, managerial employee, Grievance Committee, the Grievance Committee’s Attorney, and the person or persons designated as the recorder(s) may be present in the hearing.

Please attach the following items (if applicable):

1) A list of potential witnesses for the employee with a short summary (10 lines or so) of information the witness may offer (only the Grievance Committee may call witnesses).

2) A list of documents known to the employee that contains relevant information on the matter coming before the Grievance Committee.

_________________________    _________________________
Date Signed       Date Received

_________________________    _________________________
Employee Signature      Human Resources Department

Request for Grievance Hearing:

Approved  □

Disapproved  □  Director of Human Resources  Date

Mediation (informal only) Completed

_________________________    _________________________
Human Resources Department     Date

_________________________    _________________________
Employee               Date              Department              Date