

REQUEST FOR GRIEVANCE FORM
For Suspensions or Terminations

Grievant's Name: _____ Job Title: _____

Department: _____

Home E-Mail Address: _____ Home Phone # _____

STEP TWO GRIEVANCE

This grievance is being filed in response to:

Suspension

Termination

Remedy Sought - What solution do you recommend to resolve your grievance?

My signature indicates that the information contained on this form and attachments is true and factual to the best of my knowledge.

Employee's Signature

Date

Please select this box only if you have completed your step two and want to proceed to Step Three.

REQUEST TO PROCEED TO STEP THREE

I understand that by proceeding to Step Three I waive any other review procedures.

Employee's Signature

Date