



Employee Request for Grievance (Suspension or Termination) Form
Step One

Grievant's Name: _____ Phone Number: _____

Job Title: _____ Dept/Business Unit: _____

Grievant's email address (where determinations and decisions should be sent): _____

Date of the Notice of Termination or Notice of Suspension: _____ (attach the notice)

Statement of Grievance: Provide the specific provision(s) of the regulation, policy, procedure, rule, or law claimed to have been violated. Also explain the adverse employment action and the specific issue(s) of the grievance, including the acts or omissions which you are claiming have given rise to the grievance. (Attach additional pages if necessary.)

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

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

Grievant's Signature

Date

Submit this completed form to the AVP Human Resources.

For HR use only – Appointment of Representation

Date Step One request for grievance form received in HR: _____ Received by: _____

The grievance is to be reviewed by Step One Representative: _____

(If Grievant is a direct report of the President, form shall be sent to Step Two Representative: _____)

Date HR emailed copy of form to Grievant's address above: _____

Date HR emailed this form to Representative: _____

Human Resources AVP Signature: _____

For Step One Representative use only – Step One Written Decision

Grievant's Name: _____

Date of Step One Meeting: _____

Date of Step One Decision: _____

Step One Written Decision and Reason(s) for Decision; *documents used in decision are referenced and attached to the decision* (attach additional pages if necessary):

Actions to be taken by the University and/or Grievant (specifically indicate whether the termination or suspension will be upheld):

Date Representative emailed Step One Written Decision to Grievant's address above, with copy to AVP Human Resources and the appropriate Vice President: _____

Step One Representative's Signature: _____

If Grievant wishes to appeal this Step One Written Decision, Grievant must submit a completed Employee Request for Grievance - Suspension or Termination – Form – Step Two within seven (7) calendar days of the date of the Step One Written Decision to the AVP Human Resources, in accordance with policy FPU-6.0011P.