



Employee Grievance

Grievant's Name

Date

Delegate's Name

Phone #

Facility / Department / Unit

STEP 1

Written presentation made to _____

Appointing Authority

Date

STEP 1

NATURE OF GRIEVANCE: (Include contract violation. Attach additional information to this sheet if necessary.)

REMEDY DESIRED:

Grievant Signature

Delegate or Union Rep. Signature

Received by: _____

Signature

Date

<p><u>STEP 1 (Appointing Authority)</u> Answer received _____</p> <p><u>STEP 2 (Office of Secretary)</u> Grievance notification sent _____ Grievance meeting held on _____ Answer received on _____</p> <p><u>STEP 3 (Director of the OFM Labor Relations Office)</u> Grievance notification sent _____ Pre-arbitration meeting held on _____ Appeal to arbitration (FMCS) _____</p>	<p><u>DISPOSITION:</u></p> <p><input type="checkbox"/> Settled</p> <p><input type="checkbox"/> Withdrawn</p> <p><input type="checkbox"/> Appealed to Arbitration</p> <p>Date: _____</p>	<p><u>Copy to:</u></p> <p>Delegate</p> <p>Management</p> <p>Grievant</p> <p>Union</p>
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