

STAFF HR GRIEVANCE FORM REQUEST FOR APPEAL

PLEASE PRINT

Employee Name:		Position:	
Supervisor Name:		Department:	
Date PCA Issued:			

I request that the Formal Grievance I filed with the Human Resources Department on _____, 20____ (Formal Grievance Response dated _____, 20____) be advanced to the Appeal Committee based on (please select one or more of the following):

<input type="checkbox"/>	Procedures for the Grievance Process were not followed and the failure to follow procedures substantially affected the outcome of the grievance
<input type="checkbox"/>	The facts detailed in the positive corrective action are not accurate
<input type="checkbox"/>	New evidence has become available that was not available at the time of the Formal Grievance and not considered in the underlying investigation, and could substantially affect the outcome of the grievance determination
<input type="checkbox"/>	The positive corrective action taken was not appropriate to address the underlying circumstances (i.e. the level of discipline is too harsh for the events that occurred)

Please attach a statement with the relevant facts supporting your position with regard to the basis for your appeal as selected above.

Employee Signature

Date