**Administrative Professional Step One Grievance Form**

Name of AP Employee Submitting Grievance:

Home Address:

Best Contact Phone:

Campus Address:

Campus Phone Number:

Campus Email:

**Grievance Procedure Step One (Direct Supervisor)**

*Instructions:*

1. Complete the Step One grievance and remedy statements as clearly and completely as possible.
2. Make two copies: Retain one for your records and send one to the Director of HR.
3. Present the original completed Step One Grievance Form to your direct supervisor. (If you feel uncomfortable submitting this Grievance Form to your direct supervisor, or if you or your direct supervisor believe that your supervisor has a conflict of interest in hearing your Step One grievance, then you must consult with the Director of HR to determine if going directly to Step Two is appropriate. The decision of the Director of HR is final.)

**Clearly describe your grievance.** Reference EOU policy, rule, or procedure that you understand to have been violated and that is the basis for your grievance. Include the circumstances that are negatively impacting you, or the personnel action being grieved. Include pertinent information such as the date(s) of the events giving rise to the grievance, the name(s) of persons involved, and other information you believe should be considered. Use additional pages if you want.

**Step One Grievance statement:**

*Administrative Professional Grievance Form Step One (continued)*

**Clearly describe how you are requesting the situation be remedied here. Remedy statement:**

**Did you make at least one attempt to resolve the issue informally?**  ❑ Yes ❑ No

**Are you requesting a meeting with your supervisor within two weeks?**  ❑ Yes ❑ No

**Date and name of person to whom the Step One Grievance Form was submitted:**

Name Date

**Your *signature*:**

**Step One Supervisor Grievance Response**

**Date that Step One Grievance Form was received:**

When requested, a meeting must be held within two weeks of when Grievance Form was received. Your written response must be returned within two weeks of the date a meeting was held, or if no meeting was requested, within four weeks of the date that Step One Grievance Form was received.

**Supervisor Name:**

**Are you requesting a meeting with the AP employee within two weeks?**  ❑ Yes ❑ No

**Response:**

**Supervisor *signature*: Date:**

**Date that Step One Grievance response was issued to AP employee:**

**Administrative Professional Employee Step Two Grievance Form**

Name of AP Employee Submitting Grievance:

Date that Step One Grievance Form was submitted:

Date that Step One Supervisor Response was issued:

**Having not received a satisfactory resolution or having not been responded to in a timely manner at Step One, I am escalating the grievance to Step Two of the Grievance Procedure for review by the appropriate Cabinet member or designee.**

*Instructions:*

1. Within two weeks of the issuance date of the supervisor’s response at Step One, or within 45 calendar days of the causal event if the grievance was filed at Step Two directly, present the completed Step Two Grievance Form to the Cabinet member in the chain of command of your department.
2. Complete the Step Two grievance and remedy statements as clearly and completely as possible.
3. Make two copies: retain one for your records and send the other to the Director of HR.

**Clearly describe your Step Two grievance here. Step Two Grievance statement:**

**Clearly describe how you are requesting the situation be remedied here. Remedy statement:**

**Are you requesting a meeting with your Cabinet member within two weeks?**  ❑ Yes ❑ No

**Date and name of person to whom Step Two Grievance Form was submitted to:**

Name Date

**Your *signature*:**

**Step Two Cabinet Member or Designee Grievance Response**

**Date that Step Two Grievance Form was received:**

When requested, a meeting must be held within two weeks of when Step Two Grievance Form was received. Written response must be given within two weeks of the date a meeting was held, or if no meeting was requested, within four weeks of the date that Step Two Grievance Form was received.

**Cabinet Member (or designee) Name:**

**Are you requesting a meeting with the AP employee within two weeks?**  ❑ Yes ❑ No

**Response:**

**Cabinet Member (or designee) *signature*:**

**Date that Step Two Grievance response was issued to AP employee:**

**Administrative Professional Employee Step Three Grievance Form**

Name of AP Employee Submitting Grievance:

Date that Step Two Grievance Form was submitted:

Date that Step Two Cabinet member (or designee) Response was issued:

**Having not received a satisfactory resolution or having not been responded to in a timely manner at Step Two, I am escalating the grievance to Step Three of the Grievance Procedure for review by the President or designee.**

*Instructions:*

1. Within two weeks of the issuance date of the Cabinet member’s response at Step Two, or within 45 calendar days of the causal event if the grievance was filed at Step Three directly, present the Step Three Grievance Form to the EOU President.
2. Complete the Step Three grievance and remedy statements as clearly and completely as possible.
3. Make two copies: retain one for your records and send the other to the Director of HR.

**Clearly describe your Step Three grievance here. Step Three Grievance statement:**

**Clearly describe how you are requesting the situation be remedied here. Remedy statement:**

**Are you requesting a meeting with the President within two weeks?**  ❑ Yes ❑ No

**Date and name of person to whom Step Three Grievance Form was submitted to:**

Name Date

**Your *signature*:**

**Step Three President or Designee Grievance Response**

**Date that Step Three Grievance Form was received:**

When requested, a meeting must be held within two weeks of when Step Three Grievance Form was received. Written response must be given within two weeks of the date a meeting was held, or if no meeting was requested, within four weeks of the date that Step Three Grievance Form was received.

**President (or designee) Name:**

**Are you requesting a meeting with the AP employee within two weeks?**  ❑ Yes ❑ No

**Response:**

**President (or designee) *signature*:**

**Date that Step Three Grievance response was issued to AP employee:**