

A.3.1

<p>COUNTY OF FLUVANNA</p> <p>EMPLOYEE GRIEVANCE PROCEDURE</p> <p>GRIEVANCE FORM A</p>	
7/2001	

I. Grievance

Employee's Full Name:		SSN: - -	Job Title:
Agency Code:	Agency Name:		Facility Name:
Home Address:		Work Telephone No. () - ext .	Home Telephone No. () -
Date Grievance Occurred:			
The issues are:			
The facts supporting this are:			
The relief I want is:			
Date:	Employee's Signature:		
<p>Grievances must be presented or mailed to Department Head within 30 calendar days with two exceptions. If the grievance alleges discrimination or retaliation by the immediate supervisor, the grievance may be submitted to the next level supervisor in the line of supervision.</p> <p>Check if you decided not to present this to your immediate supervisor because:</p> <p><input type="checkbox"/> Discrimination or Retaliation by Immediate Supervisor</p>			

II. First Resolution Step

Date Received:		
Response:		
Date:	First Step Respondent's Signature:	Telephone No.: () - ext.
Date Received: _____		
<p>Employee's response (check one):</p> <p><input type="checkbox"/> I conclude my grievance and am returning it to the Personnel Office.</p> <p><input type="checkbox"/> I advance my grievance to the second step.</p>		
Employee's comments (optional):		
Date:	Employee's Signature:	
<p>NOTE: The employee is responsible for having the grievance delivered to the proper person or office within five workdays.</p>		

III. Second Resolution Step

Date Received: _____		Date of Meeting: _____	
Response:			
Date:	Second Step Respondent's Signature:	Telephone No.: () - ext.	
Date Received: _____			
Employee's response (check one):			
<input type="checkbox"/> I conclude my grievance and am returning it to the Personnel Office.			
<input type="checkbox"/> I advance my grievance to the third step.			
Employee's comments (optional):			
Date:	Employee's Signature:		
NOTE: The employee is responsible for having the grievance delivered to the proper person or office within five workdays.			

IV. Third Resolution Step

Date Received: _____		Date of Meeting: _____	
Response:			
Date:	Third Step Respondent's Signature:	Telephone No.: () - ext.	
Date Received: _____			
Employee's response (check one):			
<input type="checkbox"/> I conclude my grievance and am returning it to the Personnel Office.			
<input type="checkbox"/> I request qualification of my grievance from the County Administrator.			
Employee's comments (optional):			
Date:	Employee's Signature:		
NOTE: The employee is responsible for having the grievance delivered to the proper person or office within five workdays.			

V. Qualification for Hearing/Agency Head

Qualified for a Hearing:			
<input type="checkbox"/> Yes and I request the appointment of a hearing officer.			
<input type="checkbox"/> No			
Reasons:			
Date:	Agency Head's Signature:		
Date Received: _____			
Employee's response (check one):			
<input type="checkbox"/> I conclude my grievance and am returning it to the Personnel Office.		<input type="checkbox"/> I advance my grievance to hearing and am returning it to the County Administrator.	
<input type="checkbox"/> I appeal the decision and request the County Administrator to forward the grievance record to the Clerk of the Circuit Court.			
Employee's comments (optional):			
Date:	Employee's Signature:		
NOTE: This form must be returned to the Personnel Office within five workdays after receipt of the County Administrator's qualification decision. The agency will retain the original.			

