

File No. _____

Association/Union _____

Unit _____

GRIEVANCE APPEAL

INSTRUCTIONS

Complete form and distribute in accordance with prescribed departmental procedures.

| | | |
|--------------------------------|-------------|-------------------------------------|
| Grievant's Name (Please Print) | Class Title | Filing Date of Grievance Initiation |
| Dept./Bureau | Division | Section |

1. I wish to appeal the Grievance Response signed by: (See Grievance Response)

Name _____ Title _____ Date _____

1A. Level to which grievance is being appealed: **Check One**

2nd Level

3rd Level

Authorized Employee
Organization Representative
(If arbitration requested)

Signature _____

Arbitration

Title _____

Date _____

Civil
Service
Commission

Reason for Appeal

Grievant's Signature _____

Date _____

Received by Immediate Supervisor _____
(Signature)

Date _____