

GRIEVANCE REPORT AND RECORD

EMPLOYEE NAME	POSITION TITLE	SOC. SEC. NO.	AGENCY
WORK ADDRESS		BARGAINING AGENT (IF ANY)	

STATEMENT OF GRIEVANCE AND RELIEF REQUESTED (INCLUDING CITATION OF ALLEGED RULE VIOLATIONS):

STEP 1	DATE SUBMITTED	WE THE UNDERSIGNED HAVE DISCUSSED THIS MATTER ORALLY AND HAVE NOT RESOLVED THE GRIEVANCE.
	DATE OF RESPONSE	
	SUPERVISOR'S SIGNATURE	

STEP 2	DATE SUBMITTED	RESPONSE OF NEXT HIGHER LEVEL SUPERVISOR:
	DATE OF RESPONSE	
	RESPONSE: <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	

STEP 2a	DATE SUBMITTED	RESPONSE OF MANAGER (WHERE APPLICABLE):	
	DATE OF RESPONSE		
	RESPONSE: <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED		EMPLOYEE'S SIGNATURE
	MANAGER'S SIGNATURE		

STEP 3	DATE SUBMITTED	RESPONSE OF AGENCY HEAD:	
	DATE OF RESPONSE		
	RESPONSE: <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED		EMPLOYEE'S SIGNATURE
	AGENCY HEAD'S SIGNATURE		

STEP 4	I HEREBY SUBMIT THIS GRIEVANCE TO THE DIRECTOR OF CENTRAL MANAGEMENT SERVICES FOR REVIEW AND FINAL DETERMINATION.		
	DESIGNATED REPRESENTATIVE	DATE	EMPLOYEE'S SIGNATURE