

Employee Request for Grievance (Suspension or Termination) Form <u>Step Two</u>

Grievant's Name:	Phone Number:	
Job Title:	Dept/Business Unit:	
Grievant's email address (where determinations and decisions should be sent): Date of the Notice of Termination or Notice of Suspension:		
Remedy Sought: What solution do you recommend to res	rahva yayır griayanca?	
Remedy Sought. What solution do you recommend to res	solve your grievance:	
My signature below indicates that the information contain best of my knowledge.	ed on this form and any attachments is true and factual to the	
Grievant's Signature	Date	
Submit this completed form to the Human Resources AVP.		
For HR use only – Appointment of Step Two Representati	on	
Date Step Two Form received in HR:	Received by:	
Appeal to be reviewed by Step Two Representative:		
Date Grievant notified by email of assignment of Step Two Representative:		
Date form was sent to Step Two Representative:		
Human Resources AVP Signature:		

For Step TWO Representative use only – Step TWO Final Written Decision	
Grievant's Name:	
Date of Step Two Meeting:Da	te of Step Two Written Decision:
Reason(s) for Step Two Final Written Decision; documents used in decision are referenced and attached (add additional pages if necessary):	
Actions to be taken by the University and/or Grievant (specification be upheld):	ally indicate whether the termination or suspension will
Date Step Two Final Written Decision was emailed to Grievant's the appropriate Vice President:	
Step Two Representative's Signature:	