

GRIEVANCE FORM

Please refer to the University's Policy Statement on Grievance Procedures (PS-80) to ensure the concern(s) is grievable. For further clarification, please contact the Office of Human Resource Management at 225-578-8200.

Name: _____ Workday ID: _____

Department: _____ Title: _____

Name of Advisor (Optional): _____ Date Grievance Occurred: _____

Date Grievance Filed with Department Head: _____

STEP 1

Statement of Grievance *[attach additional pages if needed]*:

Remedy Requested *[attach additional pages if needed]*:

Employee Signature: _____ Date: _____

Decision of Department Head

(Time Limit: Within five working days after receipt of grievance.)

**See attached statement written by Department Head.*

Department Head Signature: _____ Date: _____

STEP 2

I am not satisfied with the Step 1 answer to my grievance and wish to have it referred to Step 2. (Time Limit: Within five working days of receipt of department response.)

Reason(s) Why the Step 1 Decision is Unsatisfactory *[attach additional pages if needed]*:

Employee Signature: _____ Date: _____

Office of Human Resource Management Hearing Officer Review

Date of hearing with employee and, if applicable, employee advisor: _____
(Time Limit: Within seven working days of receipt of appeal, employee will be contacted to schedule the hearing.)

Response of Human Resource Management Hearing Officer

(Time Limit: Within five working days of the hearing, unless HRM notified employee of additional time needed.) **See attached statement written by the HRM Officer.*

Name and Title of HRM Hearing Officer: _____

Signature: _____ Date: _____

STEP 3

I am not satisfied with the Step 2 answer to my grievance and wish to have it referred to Step 3. (Time Limit: Within five working days of receipt of HRM response.)

Reason(s) Why the Step 2 Decision is Unsatisfactory *[attach additional pages if needed]*:

Employee Signature: _____ Date: _____

Office of the President Review, Response of the President/Designee

**See attached statement written by the President or the designee.*

Name and Title: _____

Signature: _____ Date: _____

Copy: Office of Human Resource Management