University of Kansas – Local Union 1290PE Grievance Form

This form shall be used if the employee elects to use the 1290PE MOA grievance process. Additional sheets may be attached if additional space is needed. All attachments must be dated, signed, and identify the specific step to which each attachment applies.

STEP ONE (IMMEDIATE SUPERVISOR)

Grievant Name (Please Print): ___________________________  Job Title: ____________  Work Location: ________

Grievances shall be filed within five (5) working days of the occurrence. The event causing the dispute that is the subject of this grievance happened on _____/_____/______.

Violation of 1290PE MOA:  ARTICLE(s)                                                   SECTION(s)

Grievance:

Remedy Sought:

Grievant Signature: ______________________________________________

Supervisor: _____________________________________________________ Date Received:  _______________

IMMEDIATE SUPERVISOR’S RESPONSE ON STEP ONE

My response is as follows:

Immediate Supervisor’s Signature: ________________________________ Date: __________________

Employee Signature: ____________________________________________________________________ Date Received: ________________
Employee initials/date _____________________ (   ) I am satisfied with the response and consider the grievance settled.        (   ) I am not satisfied with the response and wish to proceed to Step Two because:

STEP TWO (Department Head)

I _______________________________________________ received the above grievance on _______________.
Department Head Response:

____________________________________________________________________  _______________________________
Department Head (or designee) Signature      Date

____________________________________________________________________  _______________________________
Employee Signature                                                                                      Date Received:

Employee initials/date ____________________ (   ) I am satisfied with the response and consider the grievance settled.        (   ) I am not satisfied with the response and wish to proceed to Step Three because:

STEP THREE (Human Resources and Equal Opportunity)

I _______________________________________________ received the above grievance on _______________.
HREO Response:

____________________________________________________________________  _______________________________
HR/EO Director (or designee) Signature          Date

____________________________________________________________________  _______________________________
Employee                                                                                                          Date Received

Employee initials/date _____________ (   ) I am satisfied with the response and consider the grievance settled. (   ) I am not satisfied with the response and wish to proceed to the Labor Management Committee because: