

**MEMORANDUM OF AGREEMENT BETWEEN  
UNIVERSITY OF KANSAS AND  
KU POLICE OFFICERS ASSOCIATION**

**UNIVERSITY SUPPORT STAFF GRIEVANCE FORM**

Human Resource Management (HRM) will determine if the matter is grievable or not as defined in the Grievance Procedures. This decision is final and not appeal able. If determined not to be a grievable matter, HRM will advise the employee as to other possible sources for review/resolution of the matter.

An aggrieved employee must complete "Employee Information" and "Section A" of grievance form and deliver the original form to their immediate supervisor and a copy to HRM no later than five (5) working days from the date of the grievable act or the date when employee knew or should have known of the grievable act. Employees should retain a copy of the form for their records.

**EMPLOYEE INFORMATION:**

Employee's Name \_\_\_\_\_ Email \_\_\_\_\_  
Department \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Employee Status: Permanent \_\_\_\_\_ Date Employed \_\_\_\_\_ Job Title \_\_\_\_\_  
Probationary \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Department Head's Name \_\_\_\_\_

**SECTION A: NATURE OF GRIEVANCE (STEP 1)**

Date of incident: \_\_\_\_\_ Article(s) and section(s) of memorandum of agreement that employee alleges have been violated if applicable:  
\_\_\_\_\_

The Grievance is As Follows:

Resolution Desired:

*(If additional space is need to cover a full statement on the grievance and desired resolution, add additional pages as necessary).*

Pertinent Witness(es):

<u>Name</u>	<u>Department</u>	<u>Grievance Issue Witnessed</u>
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Representative if Selected: Name and Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date Delivered to Immediate Supervisor \_\_\_\_\_ To HRM \_\_\_\_\_

Employee's Signature \_\_\_\_\_

**Section B (STEP 2) (GRIEVANCE NOT RESOLVED AT STEP 1):**

Date Employee Received immediate Supervisor's Step 1 Response \_\_\_\_\_

Date Employee Delivered Step 2 to Department Head \_\_\_\_\_ To HRM \_\_\_\_\_

**SECTION C (STEP 3) (GRIEVANCE NOT RESOLVED AT STEP 2):**

Date Employee Received Department Head's Step 2 Response \_\_\_\_\_

Date Employee Delivered Step 3 to HRM \_\_\_\_\_ To Supervisor and Dept. Head \_\_\_\_\_

It is the aggrieved employee's responsibility to provide copies of forms and grievance materials to pertinent parties. If that requirement is burdensome, contact HRM for assistance.