

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:
