

File No. _____
Association/Union _____
Unit _____

GRIEVANCE APPEAL

For management use only

INSTRUCTIONS

Complete form and distribute in accordance with prescribed department procedures.

Grievant's Name (Please Print)	Class Title	Filing Date of Grievance Initiation
Dept./Bureau	Division	Section

1. I wish to appeal the Grievance Response signed by: (See Grievance Response)

Name _____ Title _____ Date _____

1A. Level to which grievance is being appealed: **Check One**

2nd Level 3rd Level Arbitration

Authorized Employee
Organization Representative
(If arbitration requested)

Signature _____

Title _____

Date _____

Reason for Appeal

Grievant's Signature	Date
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Received by _____

Immediate Supervisor's Signature _____

Date _____