

**SOUTHERN ILLINOIS UNIVERSITY
CARBONDALE CAMPUS GRIEVANCE FORM STEP NO. 2**

NAME OF EMPLOYEE _____

JOB CLASSIFICATION _____

DEPARTMENT _____

EMPLOYEE'S IMMEDIATE SUPERVISOR _____

DATE OF INITIAL OCCURRENCE OF INCIDENT _____

DATE IMMEDIATE SUPERVISOR RECEIVED COMPLAINT _____

DATE SUPERVISOR RENDERED INITIAL DECISION _____

SUBJECT OF COMPLAINT

YOUR UNDERSTANDING OF YOUR SUPERVISOR'S DECISION

NATURE OF GRIEVANCE

INSTRUCTIONS: STATE EXACTLY WHAT ORIGINALLY HAPPENED; WHEN IT HAPPENED; WHO WAS INVOLVED; WHAT POLICY, STATUTE, OR CONTRACT CLAUSE IS IN QUESTION. (Print or Type)

WHAT ADJUSTMENT IS SOUGHT? _____

DATE PRESENTED TO DEPARTMENT _____

EMPLOYEE'S SIGNATURE _____

EMPLOYEE'S REPRESENTATIVE SIGNATURE _____
(If Applicable)

IF ADDITIONAL WRITING SPACE REQUIRED, PLEASE PROVIDE 3 COPIES
(Print or Type)

FACTS AND ANALYSIS OF THE DEPARTMENT HEAD

DECISION OF THE DEPARTMENT HEAD AFTER REVIEWING THE FACTS

DATE RETURNED TO EMPLOYEE _____

DEPARTMENT HEAD SIGNATURE _____

STEP 3. IF THE GRIEVANCE STILL EXISTS, THE CASE SHALL BE SUBMITTED IN WRITING TO LABOR AND EMPLOYEE RELATIONS. THIS MUST BE DONE WITHIN THREE (3) WORKING DAYS AFTER RECEIPT OF THE DECISION IN STEP NO. 2. THE DIRECTOR OF LABOR AND EMPLOYEE RELATIONS SHALL CONSIDER THE MATTER WITH BOTH THE EMPLOYEE AND HIS REPRESENTATIVE (if Applicable) AND WITH THE ADMINISTRATIVE OFFICER AND/OR SUPERVISORS INVOLVED AND RENDER HIS DECISION IN WRITING.

NOTE:

- 1ST. FORWARD ORIGINAL TO LABOR AND EMPLOYEE RELATIONS
- 2ND. COPY FOR DEPARTMENT
- 3RD. PROVIDE COPY TO EMPLOYEE