

**SOUTHERN ILLINOIS UNIVERSITY
CARBONDALE CAMPUS GRIEVANCE FORM STEP NO. 3**

NAME OF EMPLOYEE _____

JOB CLASSIFICATION _____

DEPARTMENT _____

NAME OF EMPLOYEE'S DEPARTMENT HEAD _____

DATE OF INITIAL OCCURRENCE OF INCIDENT _____

DATE SUPERVISOR RENDERED INITIAL DECISION _____

DATE DEPARTMENT HEAD RENDERED INITIAL DECISION _____

SUBJECT OF COMPLAINT

YOUR UNDERSTANDING OF YOUR DEPARTMENT HEAD'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 DIRECTOR OF LABOR AND EMPLOYEE RELATIONS _____

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 DIRECTOR OF LABOR AND EMPLOYEE RELATIONS

DECISION OF DIRECTOR OF LABOR AND EMPLOYEE RELATIONS AFTER REVIEWING THE FACTS

DATE RETURNED TO EMPLOYEE _____

SIGNATURE OF DIRECTOR OF LABOR AND EMPLOYEE RELATIONS _____

STEP 4. IF THE DECISION IS STILL NOT ACCEPTABLE AND YOU ARE NOT REPRESENTED BY A UNION, PROCEED TO STEP 4 OF THE GRIEVANCE PROCEDURE FOR NON-NEGOTIATED CIVIL SERVICE EMPLOYEES. IF REPRESENTED BY A UNION, FOLLOW INSTRUCTIONS IN THE APPROPRIATE COLLECTIVE BARGAINING AGREEMENT.

NOTE:

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