

GRIEVANCE APPEAL FORM FOR EXEMPT EMPLOYEES

(To be completed by the employee)

NAME _____

TITLE _____

DEPARTMENT _____

EMPLOYEE'S GRIEVANCE (Attach additional pages if necessary)

WHAT IS THE REMEDY YOU ARE REQUESTING ON YOUR BEHALF?

EMPLOYEE'S SIGNATURE _____ DATE _____

supervisor or the Director for the purpose of informal discussion. The grievant shall send a copy of

