

KENTUCKY STATE UNIVERSITY REGULAR STAFF EMPLOYEE GRIEVANCE FORM

An employee may complete and submit this form to the appropriate University official in accordance with the guidelines of Kentucky State University Human Resources Policy and Procedure Number 80.1 Grievances. All sections must be completed. (Attach additional sheets if necessary)

A. EMPLOYEE INFORMATION

Name _____ CWID _____

Position Title _____ Department _____

Campus Address _____

Work Telephone (____) _____ Cell Telephone (____) _____

Date of Incident _____ Supervisor Name _____

B. GRIEVANCE STAGE (check one) ____ I ____ II ____ III ____ IV

Grievance submitted to: _____

C. *STATE THE SPECIFIC REASON(S) FOR GRIEVANCE (include action being grieved)

D. *STATE THE SPECIFIC RESOLUTION BEING REQUESTED:

Employee Signature

Date submitted

*If more space is needed, please use the reverse side of this form or attach additional pages. Documentation supporting the grievance may be attached as well.