

File No. _____

Association/Union _____

Unit _____

GRIEVANCE APPEAL

INSTRUCTIONS

Complete form and distribute in accordance with prescribed departmental 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

Authorized Employee
Organization Representative
(If arbitration requested)

Signature _____

Arbitration

Title _____

Civil
Service
Commission

Date _____

Reason for Appeal

Grievant's Signature	Date
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Received by Immediate Supervisor _____
(Signature)

Date _____