



PS-20 GRIEVANCE FORM

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EMPLOYEE NAME

UNIT

JOB TITLE

Please refer to LSU AgCenter PS-20 for detailed information on the grievance process. Available at www.lsuagcenter.com/policies.

DATE GRIEVANCE OCCURRED

DATE GRIEVANCE FILED WITH SUPERVISOR

(Must be filed within five (5) working days)

STATEMENT OF GRIEVANCE

REMEDY REQUESTED

EMPLOYEE SIGNATURE

DATE

STEP ONE: REVIEW BY IMMEDIATE SUPERVISOR (Meet and reply within 5 working days.)

NAME AND TITLE OF IMMEDIATE SUPERVISOR

DATE RECEIVED

DATE OF MEETING

REPLY BY IMMEDIATE SUPERVISOR

SUPERVISOR SIGNATURE

DATE

I am not satisfied with the above answer to my grievance and wish to have it referred to STEP TWO. (This request must be filed within 5 working days of receipt of Supervisor's reply.)

EMPLOYEE SIGNATURE

DATE

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EMPLOYEE NAME

STEP TWO: REVIEW BY UNIT HEAD (Meet and reply within 7 working days.)

NAME AND TITLE OF UNIT HEAD

DATE RECEIVED

DATE OF MEETING

REPLY BY UNIT HEAD

UNIT HEAD SIGNATURE

DATE

SEND COPY TO AGCENTER HUMAN RESOURCE MANAGEMENT OFFICE

I am not satisfied with the above answer to my grievance and wish to have it referred to STEP THREE. (This request must be filed within 5 working days of receipt of Unit Head's reply.)

EMPLOYEE SIGNATURE

DATE

STEP THREE: REVIEW BY VICE CHANCELLOR/DIRECTOR (Meet and reply within 5 working days.)

NAME AND VICE CHANCELLOR/DIRECTOR

DATE RECEIVED

DATE OF MEETING

REPLY BY VICE CHANCELLOR/DIRECTOR

VICE CHANCELLOR/DIRECTOR SIGNATURE

DATE

SEND COPY TO AGCENTER HUMAN RESOURCE MANAGEMENT OFFICE

I am not satisfied with the above answer to my grievance and wish to have it referred to STEP FOUR. (This request must be filed within 5 working days of receipt of Vice Chancellor/Director's reply.)

EMPLOYEE SIGNATURE

DATE

GRIEVANCE FORM

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EMPLOYEE NAME

STEP FOUR: DECISION BY THE VICE PRESIDENT

REFER TO COMMITTEE
() YES () NO

DATE RECEIVED

DATE OF MEETING

DECISION

VICE PRESIDENT SIGNATURE

DATE

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