

REPORT OF GRIEVANCE (ALACHUA COUNTY) - LOCAL 630

EMPLOYEE:

DATE:

CLASSIFICATION:

STEWARD:

SECTION(S) OF CONTRACT VIOLATED:

STEP I - IMMEDIATE SUPERVISOR

TO IMMEDIATE SUPERVISOR:

SIGNATURE & DATE OF RECIEPT: _____

NATURE OF COMPLAINT:

REMEDY REQUESTED:

SUPERVISOR'S REPLY: _____

COMPLAINT SETTLED: _____

EMPLOYEE SIGNATURE: _____

REFERRED TO STEP II: _____

DATE OF REPLY: _____

SUPERVISOR'S SIGNATURE: _____

STEP II – DEPARTMENT HEAD

TO DEPARTMENT HEAD:

SIGNATURE & DATE OF RECEIPT: _____

DETAIL OF FACTS SUPPORTING EMPLOYEE GRIEVANCE:

REMEDY REQUESTED:

DATE OF MEETING: _____

DATE OF REPLY: _____

PERSONS ATTENDING: _____

DEPARTMENT HEAD=S REPLY: _____

COMPLAINT SETTLED: _____

REFERRED TO STEP III: _____

DIVISION DIRECTOR=S SIGNATURE: _____

EMPLOYEE/REPRESENTATIVE SIGNATURE: _____

STEP III – COUNTY MANAGER

TO COUNTY MANAGER:

SIGNATURE & DATE OF RECIEPT: _____

ARTICLE(S)/SECTION(S) CLAIM VIOLATED:

DETAIL OF FACTS SUPPORTING EMPLOYEE GRIEVANCE:

EMPLOYEE/REPRESENTATIVE SIGNATURE: _____

REMEDY REQUESTED:

DATE OF MEETING: _____

DATE OF REPLY: _____

PERSONS ATTENDING MEETING: _____

COUNTY MANAGER=S REPLY: _____

COUNTY MANAGER=S SIGNATURE: _____

EMPLOYEE/REPRESENTATIVE SIGNATURE: _____

COMPLAINT SETTLED: _____

REFERRED TO STEP IV (ARBITRATION): _____