

SHRA GRIEVANCE PROCESS: STEP 2 – GRIEVANCE FILING FORM

Instructions: To appeal to Step 2 of the grievance process, complete the following form and submit it to Human Resources by following the instructions provided on page two (2) of this document in the “**Form Submission**” section. If you are requesting witnesses to appear at the hearing, a **Step 2 – Witness Request Form**, provided on the third (3) page of this form, must be completed and submitted with the Step 2 – Grievance Filing Form for each witness requested.

The Step 2 – Grievance Filing Form, along with any Step 2 – Witness Request Forms, must be filed within **5 calendar days** of the date of impasse in mediation. For specific information regarding the grievance process and timeframes, please refer to the SHRA Employee Grievance Policy.

GRIEVANT INFORMATION			
CONTACT INFORMATION			
Full Name:		Personnel Number:	
Home Street Address:			
City, County, State & Zip Code:			
Home/Cell Phone Number(s):			
Preferred Email Address:			
EMPLOYMENT INFORMATION			
Employment Status:	<input type="checkbox"/> Career State Employee <input type="checkbox"/> Former Career State Employee <input type="checkbox"/> Probationary State Employee <input type="checkbox"/> Former Probationary State Employee <input type="checkbox"/> Applicant		
College/Division/Department:			
Position Title:		Work City & County:	
Office Contact Information:	Phone Number:		Email Address:
Work Schedule:			
Immediate Supervisor Name:			
GRIEVANCE TIMEFRAME			
DATE OF MEDIATION IMPASSE			
Date of Mediation:			
APPEAL TO STEP 2			
DECLARATION OF INTENT			
I hereby request to appeal to Step 2 of the grievance process, consisting of a hearing conducted by the University Hearing Panel . I understand that I must submit a Step 2 – Witness Request Form for <u>each</u> witness I request to appear at the hearing with my submission of the Step 2 – Grievance Filing Form. Furthermore, I accept responsibility for informing the employees whose names I have submitted that they have been identified as potential witnesses. I understand that all witnesses must be approved by the Hearing Panel or other designee].			
Signature:		Date:	
NEXT STEPS			

FORM SUBMISSION

To submit your Step 2 – Grievance Filing Form and Step 2 – Witness Request Forms, please follow the instructions provided below.

The **Step 2 – Witness Request Form** is located on the third (3) page of this document. A Step 2 – Witness Request Form for each requested witness must be submitted at the same time as the Step 2 – Grievance Filing Form. Both forms must be filed within **5 calendar days** of the date of impasse in mediation.

Email- lmangum@ncat.edu or zdcoving@ncat.edu

Mail – North Carolina A&T State University, 1020 E Wendover Avenue, Room 109, Greensboro, NC 20405. Attention: Employee Relations

In person - 1020 E Wendover Avenue, Room 109, Greensboro, NC 20405.

Fax – (336) 334-7477

NON-RETALIATION

Employees have the right to use the grievance process free from threats or acts of retaliation, interference, coercion, restraint, discrimination, or reprisal.

GRIEVANT CERTIFICATION

I hereby certify that all information submitted on this Step 2 – Grievance Filing Form is true and complete to the best of my knowledge.

Signature:		Date:	
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INTERNAL USE ONLY:

Date Received in Human Resources: _____

Received By: _____

Step 2 – Witness Request Form

SHRA GRIEVANCE PROCESS: STEP 2 - WITNESS REQUEST FORM

Instructions: A grievant may request witnesses with direct knowledge of the actions in question to appear at the Step 2 hearing. A Step 2 – Witness Request Form must be completed and submitted with the Step 2 – Grievance Filing Form for each potential witness. Both the Step 2 – Grievance Filing Form and each Step 2 – Witness Request Form must be filed within **5 calendar days** of the date of impasse in mediation. For specific information regarding the grievance process and timeframes, please refer to the SHRA Employee Grievance Policy.

Please note: It is the responsibility of the grievant to inform the employees whose names are submitted that they have been identified as potential witnesses. All witness must be approved by the Hearing Officer.

GRIEVANT AND WITNESS INFORMATION			
GRIEVANT INFORMATION			
Full Name:			
Personnel Number:			
WITNESS INFORMATION			
Full Name:			
Facility/Division/Department:			
Position Title:		Work City & County:	
Office Contact Information:	Phone Number:		Email Address:
RELEVANCE OF WITNESS TESTIMONY			
GRIEVANT STATEMENT OF RELEVANCE			
Provide a brief statement outlining the relevance of the requested witness’ testimony and the information the witness will provide. You may attach up to a maximum of 1 additional page.			
Was an additional sheet attached?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
GRIEVANT CERTIFICATION			
I hereby certify that all information submitted on this Step 2 – Witness Request Form is true and complete to the best of my knowledge.			
Signature:		Date:	