



RESPONSE TO STAFF EMPLOYEE'S FORMAL GRIEVANCE

This form is to be used by a higher level supervisor or manager to respond to the formal grievance submitted by a staff employee under the provisions of Section XII-2 of the Human Resources Policy and Procedures Manual. If the grievant is not satisfied with the response (decision) below, he/she may appeal this decision to the Staff Grievance Committee. Such an appeal must be submitted to the Employee Relations Manager within five (5) working days after receipt of this response utilizing HR form #WFU-HR-0015, a copy of which is enclosed.

With regard to the grievance submitted by: _____
(Name of Grievant)

and received on _____ for my review and rendering of a decision:
(Date)

Signature of the Supervisor Reviewing the Grievance

Date

Printed Name and Title of the Supervisor Reviewing the Grievance

DISTRIBUTION:

- Grievant (Name)
- Immediate Supervisor (Name)
- Human Resources (Employee Relations)