

COMMONWEALTH OF VIRGINIA
EMPLOYEE GRIEVANCE PROCEDURE
GRIEVANCE FORM A – Expedited Process

7/2000

I. Grievance

| | | | | |
|--|-----------------------|-----------------------------------|-----------------------------|--|
| Employee's Full Name: | | SSN: - - | Job Title: | |
| Agency Code: | Agency Name: | | Facility Name: | |
| Home Address: | | Work Telephone No. () - ext . | Home Telephone No. () - | |
| Date Grievance Occurred: | | | | |
| The issues are: | | | | |
| The facts supporting this are: | | | | |
| The relief I want is: | | | | |
| Use of Expedited Process Because: | | | | |
| Date: | Employee's Signature: | | | |
| <p><i>This form may only be used if your complaint involves termination, demotion, suspension without pay, or lost wages. The grievance must be submitted to the second-step respondent unless the grievance alleges discrimination or retaliation by the second-step respondent. In such cases, consult the <u>Grievance Procedure Manual</u> for specific instructions. The Department of Employment Dispute Resolution (EDR) may be contacted if questions arise.</i></p> | | | | |



DEPARTMENT OF EMPLOYMENT DISPUTE RESOLUTION
 One Capitol Square, 830 East Main Street, Suite 400 • Richmond, Virginia 23219
 804-786-7994 • Toll Free 888-23-ADVICE • FAX 804-371-7318
www.edr.state.va.us

II. Second Resolution Step

| | | |
|--|---|---------------------------|
| Date Received: _____ | Date of Meeting: _____ | |
| Response: | | |
| Date: | Second Step Respondent's Signature: _____ | Telephone No.: () - ext. |
| Date Received: _____ | | |
| Employee's response (check one): | | |
| <input type="checkbox"/> I conclude my grievance and am returning it to the Human Resources Office. <input type="checkbox"/> I want the agency head to determine whether I have access to the grievance procedure. | | |
| <input type="checkbox"/> I request qualification of my grievance. <i>(NOTE THAT ALL HEARING OFFICER DECISIONS ARE PUBLISHED IN AN UNREDACTED FORM.)</i> <input type="checkbox"/> I want EDR to rule on whether I initiated my grievance in 30 calendar days. | | |
| Employee's comments (optional): | | |
| Date: | Employee's Signature: _____ | |
| IF QUALIFIED, I CONSENT TO PUBLICATION OF MY HEARING DECISION | | |
| <i>NOTE: The employee is responsible for having the grievance delivered to the proper person or office within five workdays.</i> | | |

III. Qualification for Hearing/Agency Head

| | |
|---|--------------------------------|
| Qualified for a Hearing: | |
| <input type="checkbox"/> Yes and I request the appointment of a hearing officer (a copy of this form is to be sent directly to EDR) | |
| <input type="checkbox"/> No | |
| Reasons: | |
| Date: | Agency Head's Signature: _____ |
| Date Received: _____ | |
| Employee's response (check one): | |
| <input type="checkbox"/> I conclude my grievance and am returning it to the Human Resources Office. <input type="checkbox"/> I advance my grievance to hearing and am returning it to the Human Resources Office. <i>(Only check if qualified by agency head)</i> | |
| <input type="checkbox"/> I appeal the decision and request the Human Resources Office to forward the grievance record to EDR. | |
| Employee's comments (optional): | |
| Date: | Employee's Signature: _____ |
| <i>NOTE: This form must be returned to the Human Resources Office within five workdays after receipt of the agency head's qualification decision. The agency will retain the original.</i> | |

↪ If the agency is not in compliance, a written notice must be sent to the agency head ↩