



GRIEVANCE FORM

A GRIEVANCE IS A COMPLAINT CONCERNING A TERM OR CONDITION OF EMPLOYMENT OVER WHICH THE EMPLOYEE'S AGENCY HAS CONTROL. A GRIEVANCE MUST BE FILED WITHIN THIRTY (30) DAYS OF THE OCCURRENCE OR DISCOVERY OF THE EVENT. IF THIS GRIEVANCE CONCERNS AN ACTION APPEALABLE DIRECTLY TO THE PERSONNEL BOARD PURSUANT TO KRS 18A.095, YOUR RIGHT TO FILE AN APPEAL WITH THE PERSONNEL BOARD IS NOT EXTENDED BEYOND THE SIXTY (60) DAY APPEAL PERIOD OR OTHERWISE AFFECTED BY THE FILING OF A GRIEVANCE.

[Please type or print]

Name: _____

Pernr: _____

Cabinet: _____

Job Title/Classification: _____

Department: _____

Work Phone: _____

Division: _____

Branch: _____

Work Location: _____

WHAT IS YOUR GRIEVANCE? (Please state facts and be specific as to the date, place and individual(s) involved. Attach additional pages if necessary.)

WHAT SPECIFIC SOLUTION DO YOU RECOMMEND TO RESOLVE YOUR GRIEVANCE?

In accordance with 101 KAR 1:375, Section 3, I choose to file this grievance with my second line supervisor.

Employee's Signature

Date

FIRST LEVEL REVIEW- FINDINGS AND DECISION OF SUPERVISOR: (Must be completed within ten (10) work days of receipt of grievance.)

Supervisor's Printed Name

Supervisor's Signature

Date

Employee chooses to: Accept this decision

Appeal this decision to the next level. (Must be requested within five (5) work days of receipt of supervisor's decision.)

Employee's Signature

Date

SECOND LEVEL REVIEW- FINDINGS AND DECISION (Must be completed within five (5) days):

Printed Name	Printed Title	Signature	Date
Employee chooses to:	<input type="checkbox"/> Accept this decision <input type="checkbox"/> Appeal this decision to the next level (Must be filed within five (5) days)		
Employee's Signature	Date		

THIRD LEVEL REVIEW- FINDINGS AND DECISION (Must be completed within five (5) days):

Printed Name	Printed Title	Signature	Date
Employee chooses to:	<input type="checkbox"/> Accept this decision <input type="checkbox"/> Appeal this decision to the next level (Must be filed within five (5) days)		
Employee's Signature	Date		

FINAL SUPERVISORY REVIEW- FINDINGS AND DECISION (Must be completed within five (5) days):

Printed Name	Printed Title	Signature	Date
Employee chooses to:	<input type="checkbox"/> Concur with this decision <input type="checkbox"/> Appeal this decision to the appointing authority for final determination. (Must be filed within five (5) work days of final line supervisor's response.)		
Employee's Signature	Date		

IF YOUR GRIEVANCE IS NOT APPEALABLE TO THE PERSONNEL BOARD UNDER THE PROVISIONS OF KRS 18A.095, THE DETERMINATION OF YOUR AGENCY'S APPOINTING AUTHORITY IS FINAL.