

SUMMARY OF MATERIALS INCORPORATED BY REFERENCE

The Grievance Form (form) is the material to be incorporated by reference. The form is a three (3) page form and it relates only to the subject matter of this regulation. The form must be amended to correct changes made to KRS Chapter 18A, specifically KRS 18A.075 and 18A.0751, by the passage of Senate Bill 153, effective June 29, 2023.

On page one of the form, the first paragraph under the heading of the form, an amendment removing the language of sixty (60) days occurs. There is no longer a sixty (60) day appeal period. At the bottom of page two of the form, the entire sentence is removed. This sentence was never required or needed and only caused confusion for employees completing the form.

At the bottom right corner of both the first and second pages of the form, an updated revision date is added. The acronyms are removed because they serve no purpose.



GRIEVANCE FORM

(For employees in KRS 18A Classified Positions)

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) calendar 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 time to file an appeal with the Personnel Board is not extended by the filing of a grievance.

PERSONAL/CONTACT INFORMATION

Name: _____ PERNR or Employee ID: _____
(Last First Middle Maiden)
Job Title/Classification: _____
Work Phone No.: _____ Work Email Address: _____

CABINET/AGENCY INFORMATION

Cabinet Name: _____
Department/Agency Name: _____
Division Name: _____
Branch Name: _____

GRIEVANCE INFORMATION

What is your grievance? (Please state facts and be specific as to the date, place and individuals(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

