



GRIEVABILITY NOTIFICATION FORM

Requested: _____
(MM/DD/YR.)

Step # _____

Complaint # _____

Grievant's Name: _____
(First) (MI) (Last)

Requested By: _____
(First) (MI) (Last)

Instructions: Use this form to request a determination of grievability. This can be done at any time after a complaint has been filed but prior to a hearing before the Personnel Board. This section will be completed by the Department of Human Resources for all matters which reach the third step prior to the complaint being heard by the Chief Administrative Officer's Designee.

Reason for Request:

Print Name Signature Date

Decision is : Applicable Rule(s)
 Grievable: _____
 Non-grievable: _____
 Relief must be amended: _____
 Split Determination: _____

HR USE ONLY
Grievance is forwarded to Step: _____
Reviewed By: _____
Date of Review: _____

(HR) Form # 22)

DISTRIBUTION
White To Next Step
Green HR Copy
Yellow Grievant's Copy
Pink Appointing Authority's Copy
Canary Immediate Supervisor's Copy

HR USE ONLY
Date Rec'd.: _____
Log Date: _____
By: _____