

COMMONWEALTH OF VIRGINIA  
**EMPLOYEE GRIEVANCE PROCEDURE**  
APPOINTMENT OF HEARING OFFICER  
**FORM B**

TO: Office of Employment Dispute Resolution  
 Department of Human Resource Management  
 101 N. 14<sup>th</sup> Street, 12<sup>th</sup> Floor  
 Richmond, Virginia 23219

**Section A: Agency Request**

Agency/Address:	_____		
Issue/Date:	_____	/	_____
Agency Contact Person:	_____	Telephone Number:	_____
Email:	_____	Fax:	_____
Agency's Advocate at Hearing:	_____	Telephone Number:	_____
E-mail:	_____	Fax:	_____
Name & E-mail of no more than two (2) others to receive copy of hearing decision	_____		
Requested by (signature):	_____	Date:	_____

**Section B: Grievant Information**

Name and Mailing Address:	_____		
Work Facility/Location:	_____		
Telephone Number:	Home: _____	Work: _____	Email: _____
Grievant's Advocate:	Phone: _____	Email: _____	
Status of Other Pending Grievance(s) By Employee:	_____		

**Section C: Response from Hearings Program Director**

<i>The following hearing officer is assigned in compliance with § 2.2-3005(B) of the Code of Virginia to conduct the grievance hearing.</i>	
Name:	_____
Address:	_____
City/State/Zip:	_____
Phone:	_____
Date of Appointment:	_____