

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. 14th Street, 12th Floor
 Richmond, Virginia 23219

Section A: Agency Request

Agency/Address:	_____	
Issue/Date:	_____ / _____	
Agency Contact Person:	_____	
Contact Numbers:	Phone: _____	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 Numbers:	Home: _____	Work: _____
Grievant's Advocate:	_____	Phone: _____
Status of Other Pending Grievance(s) By Employee:	_____	
Other Employee Grievance(s) Arising From Same Incident:	_____	

Section C: Response from Director of EDR

<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:	_____

