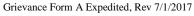
#### **COMMONWEALTH OF VIRGINIA**

## **EMPLOYEE GRIEVANCE PROCEDURE**

# **GRIEVANCE FORM A – Expedited Process**

### I. Grievance

Employee's Full Name:		Job Title:		
Agency Name:		Facility Name:		
Home Address:		Work Telephone No.	Home Telephone No.	
1.6.1.6 / 1.4.1.000.				
		( ) - ext . Work E-mail Address:	( ) - Home E-mail Address:	
		Work E man Address	Tiomo E man / taul occ.	
Date Grievance Occurred:		Role Title:		
Date Officialice Occurred.		Note Title.		
The issues are (use attachme	ents if necessary):			
The issues are (use attachine	ants ii necessary).			
The facts supporting this ar	a (use attachments if necessary):			
The facts supporting this are (use attachments if necessary):				
The relief I want is (use attact	hments if necessary):			
The rener I want is tuse attac	interits if ricoessary).			
Use of Expedited Process B	<b>secause</b> (use attachments if necessary	/):		
Date:	Employee's Signature:			
Grievance Procedure Manual	l. available on EEDR's website. conta	ains complete instructions for init	have known of the issue being grieved. The iating, processing, and pursuing grievances.	
Contact the Office of Equal Er	mployment and Dispute Resolution (El	EDR) if you have any questions.	J, p	





# II. Second Resolution Step

i=					
Date Received:		Date of Meeting:			
Response (use attachments if necessary):					
Date:	Second Step		Telephone No.:		
	Respondent's Signature:		( ) - ext.		
Date Received:					
Employee's response (check one):					
I conclude my grievance and am returning it to the Human Resources Office.      I proceed to the next step and request qualification of my grievance for hearing.					
Employee's comments (optional - use attachments if necessary):					
Date:	Employee's Signature:				
NOTE: The employee is responsible for having the grievance delivered to the proper person or office within five workdays.					
	III. Qualifi	cation for Hearing/Agency	Head		
Qualified for a Hearin	ng:				
Grievance is qualifie					
Grievance is qualified only in part, as described by agency head below (or in an attachment).					
Grievance is not qualified.  Reasons (use attachments if necessary):					
neasons (use attachments in necessary).					
Date:	Agency Head's				
Date.	Signature:				
Data Bassissad					
Date Received:					
Employee's response (check one):  I conclude my grievance and am returning it to the Human Resources Office.					
I appeal the agency head's qualification decision and ask the Human Resources Office to forward the grievance record to EEDR. (All qualified issues will					
proceed to hearing following issuance of a qualification ruling by EEDR).					
[If partial qualification] I waive any further right of appeal on any unqualified issues and ask the agency to request appointment of a hearing officer.     [Employee's comments (optional - [use attachments if necessary]):					
Date:	Employee's Signature:				
NOTE: This form must be returned to the Human Resources Office within five workdays after receipt of the agency head's qualification decision. The agency will retain the original.					

 $\stackrel{\textstyle \sim}{R}$  If the agency is not in compliance, a written notice of noncompliance must be sent to the agency head  $\stackrel{\textstyle \leftarrow}{R}$