

COMMONWEALTH OF VIRGINIA
EMPLOYEE GRIEVANCE PROCEDURE
GRIEVANCE FORM A – Expedited Process

I. Grievance

Employee's Full Name:	Employee ID No.:	Job Title:
Agency Name:	Facility Name:	
Home Address:	Work Telephone No. () - ext . Work E-mail Address:	Home Telephone No. () - Home E-mail Address:
Date Grievance Occurred:	Role Title:	
The issues are (use attachments if necessary):		
The facts supporting this are (use attachments if necessary):		
The relief I want is (use attachments if necessary):		
Use of Expedited Process Because (use attachments if necessary):		
Date:	Employee's Signature:	
<p><i>Grievances must be submitted within 30 calendar days of the date the employee knew or should have known of the issue being grieved. The <u>Grievance Procedure Manual</u>, available on EDR's website, contains complete instructions for initiating, processing, and pursuing grievances. Contact the Office of Employment Dispute Resolution (EDR) if you have any questions.</i></p>		



II. Second Resolution Step

Date Received:	Date of Meeting:	
Response (use attachments if necessary):		
Date:	Second Step Respondent's Signature:	Telephone No.: () - ext.
Date Received: _____		
Employee's response (check one):		
<input type="checkbox"/> I conclude my grievance and am returning it to the Human Resources Office. <input type="checkbox"/> 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. Qualification for Hearing/Agency Head

Qualified for a Hearing: <input type="checkbox"/> Grievance is qualified in full. <input type="checkbox"/> Grievance is qualified only in part, as described by agency head below (or in an attachment). <input type="checkbox"/> Grievance is not qualified.	
Reasons (use attachments if necessary):	
Date:	Agency Head's Signature:
Date Received: _____	
Employee's response (check one):	
<input type="checkbox"/> I conclude my grievance and am returning it to the Human Resources Office. <input type="checkbox"/> I appeal the agency head's qualification decision and ask the Human Resources Office to forward the grievance record to EDR. (All qualified issues will proceed to hearing following issuance of a qualification ruling by EDR). <input type="checkbox"/> [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.	

↙ If the agency is not in compliance, a written notice must be sent to the agency head ↘