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

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|  |  | Rev. 7/1/20 |