

## EMPLOYEE GRIEVANCE FORM

**Classified and Non-Classified (Non-Faculty)**

An employee may file a grievance or enter into the dispute resolution process on matters associated with the employee's employment relationship with the University. The Grievance Policy applies to regular, benefits eligible classified and non-classified (non-faculty) employees. Open communication is encouraged between employees and members of management within their department. All parties involved should make efforts to reach a resolution prior to proceeding to the Grievance Review Board.

For a complete description of the UALR Grievance Policy and Procedure, including a progressive timeline, visit the UALR Human Resources webpage. For further information or assistance with the policy and procedures, contact the Department of Human Resources at (501) 916-3180.

EMPLOYEE INFORMATION	
Employee Name:	Todays' Date:
Employee Job Title:	Department:
Contact Number:	Email Address:
Supervisor's Name:	Supervisor's Title:
GRIEVANCE INFORMATION	
<b>Reason for Grievance:</b>  <input type="checkbox"/> Unsatisfactory performance evaluation, which is based on unsubstantiated information or performance standards which are unknown before rating is conducted  <input type="checkbox"/> Disciplinary actions due to the misapplication or misinterpretation of policies (does not include employee counseling notices)  <input type="checkbox"/> Termination – Begins at Step III (Refer to the grievance policy ( <a href="#">LR 402.7</a> ) for terminations not considered grievable)	
Date of Incident:	Person You Believe Responsible for Action:
Basis of grievance (be as specific as possible; attach additional pages if necessary):          	
Witness Name(s) (if any):	
Documentation: <input type="checkbox"/> Attached; <input type="checkbox"/> None to Attach	

## REQUIRED SIGNATURES

The UALR Grievance Policy requires that you make every attempt to resolve your concern within your chain of command prior to proceeding to the Grievance Review Board. Please follow the steps as outlined below.

Step I: Meet with your supervisor to discuss your concern. If resolution is not met, both parties must sign and date this form and proceed to Step II.

Step II: Meet with the next level supervisor within your chain of command to attempt to resolve your concern. If resolution is not met, both parties must sign and date this form and proceed to Step III.

Step III: Request an appeal through the Grievance Review Board. Submit your completed form and supporting documents to Human Resources. The Employee Relations Manager, or designee, will review the grievance to ensure it is in accordance with UALR policy and if so, forwards it to the Grievance Review Board. Additional conflict resolution attempts may also be provided. Upon review, the Grievance Review Board will make a recommendation to the Chancellor, or designee. The Chancellor's decision is the final stage of the grievance process.

### STEP I: SUPERVISOR (Within seven (7) working days of issue)

☐ Grievance Resolved (Grievance process ceases)

☐ Grievance NOT Resolved

Employee Signature \_\_\_\_\_ Meeting Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

### STEP II: NEXT LEVEL MANAGER (Within five (5) working days of completion of Step I – if not resolved)

☐ Grievance Resolved (Grievance process ceases and copies of documents are provided to the employee, supervisor and HR)

☐ Grievance NOT Resolved

Employee Signature \_\_\_\_\_ Meeting Date \_\_\_\_\_

Next Level Manager Signature \_\_\_\_\_

☐ Appeal to the Grievance Review Board

**HUMAN RESOURCE REVIEW (Within five (5) working days of completion of Step II – if not resolved)**

- ☐ Grievance determined to be invalid in accordance with UALR's Grievance Policy (Grievance process ceases and copies of documents are provided to the employee, supervisor and HR)
- ☐ Grievance determined to be valid and appeal referred to the Grievance Review Board

HR Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

**COMMENTS/RECOMMENDATION (may be typed and attached):**

**STEP III: GRIEVANCE REVIEW BOARD**

Committee Members:

**Recommendation:**

- ☐ Appeal granted
- ☐ Appeal denied

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Chairperson, Grievance Review Board

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Member, Grievance Review Board

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Member, Grievance Review Board

**FINDINGS/RECOMMENDATION (should be typed and attached):**