

HR-14
EMPLOYEE GRIEVANCE FORM

This form and required documentation must be received by the Human Resources Department within ten (10) business days of the action being grieved or within ten (10) business days of the employee being made aware of the action being grieved.

Action being grieved:

Suspension of _____ days Demotion Discharge

Date _____ of action or _____ I became aware of the action _____

Do you work in a department with an internal appeal process? Yes No

- a. Attached are copies of documents I will be presenting at the hearing.
- b. Attached is a list of employees (if any) I will be calling to testify.

I have sent a copy of (a) and (b), above, to my elected official/department head.

Employee's Signature

Date

Printed Name

Department

Employee or Employee's Representative

Address

City, State, Zip

Telephone

Fax

Email

The right to grieve an action to the Montgomery County Civil Service Commission is available only in cases of (1) unpaid suspension of more than 3 days, (2) demotion to a position with a lower salary grade and/or pay rate, or (3) discharge.

(Rev. 3/25/2008)