

ALACHUA COUNTY LIBRARY DISTRICT

GRIEVANCE FORM

Step One

Date of Incident Causing Grievance: _____

Statement of Facts:

Article Violated: _____

Remedy Requested:

Signature of Employee
and Union Steward
and/or Union Representative:

Date: _____

Date: _____

Grievance Receipt/Date by Department: _____

First Step Answer by Department Head: _____

Answer Receipt/Date by Employee and Union: _____

ALACHUA COUNTY LIBRARY DISTRICT

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Step Two

Date: _____

Additional information, if applicable:

Article Violated: _____

Remedy Requested:

Signature of Employee
and Union Steward
and/or Union Representative:

Date: _____

Date: _____

Grievance Receipt/Date by Executive Director:

Meeting date, if held: _____

Second Step Answer by Department Head: _____

Answer Receipt/Date by Employee or Union: _____

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GRIEVANCE FORM

Step Three

Date: _____

Additional information, if applicable:

Article Violated: _____

Remedy Requested:

Signature of Employee
and Union Steward
and/or Union Representative:

Date: _____

Date: _____

Grievance Receipt/Date by Executive Director:

Meeting date, if held: _____

Third Step Answer by Department Head: _____

Answer Receipt/Date by Employee or Union: _____