COMMONWEALTH OF VIRGINIA

EMPLOYEE GRIEVANCE PROCEDURE

GRIEVANCE FORM A – Expedited Process

I. Grievance

Employee's Full Name:	Job Title:	
Agency Name:	Facility Name:	
Home Address:	Work Telephone No.	Home Telephone No.
	()) - ext . Work E-mail Address:	() - Home E-mail Address:
Date Grievance Occurred:	Role Title:	
The issues are (use attachments if necessary):	11	
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:		
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.		

Grievance Form A Expedited, Rev 7/1/2020



II. Second Resolution Step

Date Received:		Date of Meeting:
Response (use	e attachments if necessary):	
Date:	Second Step Respondent's	Telephone No.: () - ext.
Date Received:	Signature:	
	sponse (check one):	
	ievance and am returning it to the Human Re	sources Office. • I proceed to the next step and request qualification of my grievance for hearing.
Employee's comr	ments (optional - use attachments if n	ecessarv):
Ellipiojee e ee		
Date:	Employee's Signature:	
NOTE: The em	ployee is responsible for having	the grievance delivered to the proper person or office within five workdays.
	<u> </u>	alification for Hearing/Agency Head
Qualified for a	-	
Grievance is	s qualified in full. s qualified only in part, as descrik s not qualified.	ed by agency head below (or in an attachment).
Reasons (use a	attachments if necessary):	
Date:	Agency Head's Signature:	

Date Received:

Employee's response (check one):

• I conclude my grievance and am returning it to the Human Resources Office.

• 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).

• [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.

 \overleftrightarrow If the agency is not in compliance, a written notice of noncompliance must be sent to the agency head \overleftrightarrow