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| **COMMONWEALTH OF VIRGINIA****EMPLOYEE GRIEVANCE PROCEDURE****APPOINTMENT OF HEARING OFFICER****FORM B** |
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| TO: | Office of Employment Dispute Resolution Department of Human Resource Management101 N. 14th Street, 12th FloorRichmond, 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 |