

Grievance Form

GRIEVANCE FORM - PURSUANT TO 780 KAR 3:130

Note: If this grievance concerns an action appealable directly to the Kentucky Technical Education Personnel Board pursuant to KRS 156.820, your right to file an appeal is not extended beyond the thirty (30)-day appeal period or otherwise affected by the filing of a grievance.

Name (Last, First): _____

Job classification: _____ Work Location: _____

*In Accordance with 780 KAR 3:130, Section 3(1), this grievance is being filed with my second line supervisor.

What is your grievance?	
What solution do you recommend taking to resolve your grievance?	
<i>Date Submitted</i>	<i>Employee's Signature</i>

FIRST LEVEL REVIEW – FINDINGS OF SUPERVISOR: *			
<i>Supervisor's Signature*</i>	<i>Title</i>	<i>Date</i>	
<input type="checkbox"/> I concur with this decision	<input type="checkbox"/> I appeal this decision to the next level		
<i>Employee's Signature</i>		<i>Date</i>	

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SECOND LEVEL REVIEW – FINDINGS OF SUPERVISOR: *		
<i>Supervisor's Signature*</i>	<i>Title</i>	<i>Date</i>
<input type="checkbox"/> I concur with this decision	<input type="checkbox"/> I appeal this decision to the next level	
<i>Employee's Signature</i>		<i>Date</i>

THIRD LEVEL REVIEW (OMBUDSMAN MEDIATION) – FINDINGS AND DECISION OF OMBUDSMAN:		
<i>Ombudsman's Signature</i>	<i>Title</i>	<i>Date</i>
<input type="checkbox"/> I concur with this decision	<input type="checkbox"/> I appeal this decision to the next level	
<i>Employee's Signature</i>		<i>Date</i>

FOURTH LEVEL REVIEW – FINDINGS AND DECISION OF ASSOCIATE COMMISSIONER:	
<i>Associate Commissioner's Signature</i>	<i>Date</i>

Note: If your grievance is not appealable to the Kentucky Technical Education Personnel Board under the provisions of KRS 156.820, the determination of the appointing authority is final.