**Instructions for Employees:**

1. Review the policy ([UPPS No. 04.04.41](http://policies.txstate.edu/university-policies/04-04-41.html), Staff Employee Mediation and Grievance Policy).
2. Fill in all blanks as requested. Sign and Date the form.
3. Attach the Grievance Form signed by the Human Resources representative.
4. If you designate an individual to represent you in a grievance, you may also need to attach the appropriate Representative Certification Statement
5. Present the completed forms to the department head after meeting with the Human Resources representative.
6. DO NOT present a Hearing Officer Form without attaching the Grievance Form signed by the Human Resources
7. Give a copy of this form and attachments to the Human Resources.

**Instructions to the Department Head/Hearing Officer:**

1. Review [UPPS No. 04.04.41](http://policies.txstate.edu/university-policies/04-04-41.html), Staff Employee Mediation and Grievance Policy.
2. Meet promptly with the employee.
3. Investigate the issues thoroughly, conducting meetings and interviews as necessary. Consult with or advise your supervisor.
4. Using the space provided on this form, enter your decision. Sign and date the form. Return it with the attachments to the employee within **FIVE** working days of receiving it from the employee.
5. Send a copy of your completed Hearing Officer Grievance Form to the Human Resources office.

##  Employee

|  |  |  |
| --- | --- | --- |
| To: |  |  |
| Name of Department Head/Vice President |

|  |  |  |
| --- | --- | --- |
| From: |  |  |
| Name of Employee |

**Attachments**: Staff Employee Grievance Form **|** Representative Certification (if applicable)

In accordance with UPPS No. 04.04.41, Staff Employee Mediation and Grievance Policy, I appeal the problem described on the attached Staff Employee Grievance Form to you for resolution.

|  |  |
| --- | --- |
| My representative in this action is: |  |
| Name of Representative, if any |

I have presented a copy of this form and attachments to Human Resources.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Signature: |  | Date: |  |

## For Hearing Officer Use Only

|  |  |  |
| --- | --- | --- |
| To: |  |  |
| Name of Employee |
|

|  |  |
| --- | --- |
| I received your Staff Employee Grievance Form and attachments on: |  |
|  |  | Date |

As a result of our meeting on **[insert date]** and my review of the problem described on the attached Grievance Form, I have reached the following decision:

|  |
| --- |
|  |

Your Grievance Form and other attachments (if any) are attached. I have sent a copy of my decision to Human Resources.

|  |  |  |  |
| --- | --- | --- | --- |
| Department Head Signature: |  | Date: |  |

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##  For Human Resources Office Use Only

|  |  |
| --- | --- |
| First Level [ ]  Second Level [ ]  |  |
| Human Resources Acknowledgement Signature: |  | Date: |  |