APPENDIX C

Date____________________  Monroe County Community College
                          Name of College

Name__________________________________________________________
City or Post Office______________________________________________
Telephone Number______________________________________________
Residence Phone Number__________________________________________
How Long Employed?______________________________________________
Classification____________________________________________________
Representative's Name____________________________________________
Rate per hour____________________________________________________

PROVISION OF POLICY OR PROCEDURE ALLEGEDLY VIOLATED:

No.__________________________________  Section(s)__________________  Page___________

Date of Alleged Violation________________________________________

GRIEVANCE:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

RELIEF REQUESTED:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Date Reported to Representative__________________________  Signed By_________________

DISPOSITION:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Signed By_________________________________________________________
APPENDIX C (continued)

Step I:  Date Filed___________________________________________________

Signature of Person Initiating Grievance            Date

Signature of Immediate Supervisor                    Date

Step II:  Date Filed with or Appealed to Administrator of Area

Signature of Person Appealing Grievance             Date

Signature of Administrator of Area                  Date

Step III:  Date Appealed to the Vice President of Administration______

Signature of Person Appealing Grievance             Date

Signature of Vice President of Administration     Date

Step IV:   Date Appealed to the President for Panel Review______________

Signature of Person Appealing Grievance             Date

Signature of President                              Date