

APPENDIX C

Date _____

Name

Monroe County Community College
Name of College

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