

**CITY OF LAWRENCE, KANSAS
EMPLOYEE GRIEVANCE PROCEDURE**

NAME: _____

POSITION: _____

DEPARTMENT/DIVISION: _____

STEP ONE.

Brief statement of employment action/incident for which the grievance is being filed:

On _____, I, _____, presented an oral report concerning my grievance to my immediate supervisor, _____.
(Supervisor's Name)

___ I am satisfied with the settlement to my grievance.

___ I am not satisfied with the settlement to my grievance and wish to proceed to STEP TWO of the grievance procedure.

Employee Signature

Date

Supervisor Signature

Date

STEP TWO:

Statement of employee(s) grievance:

SETTLEMENT DESIRED:

Employee's Signature

Date

DEPARTMENT HEAD'S DISPOSITION.

Date Grievance Received: _____

Date Employee(s) Notified of Disposition: _____

Department Head's Signature

Date

EMPLOYEE(S) REPLY TO DEPARTMENT HEAD'S DISPOSITION.

I am satisfied with the settlement to my grievance.

I am not satisfied with the settlement to my grievance and wish to have it referred to the Grievance Review Board.

Additional Comments:

Employee's Signature

Date

STEP THREE:

Grievance Review Board Disposition:

Review Board Member's Signature

Date

EMPLOYEE(S) REPLY TO GRIEVANCE REVIEW BOARD DECISION.

I am satisfied with the settlement to my grievance.

I am not satisfied with the settlement to my grievance and wish to appeal the decision of the Grievance Review Board to the City Manager.

Additional Comments:

Employee's Signature

Date

DEPARTMENT HEAD'S REPLY TO GRIEVANCE REVIEW BOARD'S DECISION.

I am satisfied with the settlement to my grievance.

I am not satisfied with the settlement to my grievance and wish to appeal the decision of the Grievance Review Board to the City Manager.

Additional Comments:

Department Head's Signature

Date

STEP FOUR:

City Manager's final and binding decision:

City Manager's Signature

Date