STATE PERSONNEL MANAGEMENT SYSTEM TEMPORARY EMPLOYEES' PAID LEAVE GRIEVANCE FORM

STEP 1 – GRIEVANCE FILING – TO BE COMPLETED BY TEMPORARY EMPLOYEE OR REPRESENTATIVE

Employee Name:	W Number:	
Agency:	Division:	
Contract Beginning and Ending Dates:		
Number of Hours Regularly Worked Each Week:		
Work Phone Number:	Alternate Phone Number:	
Representative Name (if any):	Representative Phone Number:	
Date Issued Occurred and Issue:		
Requested Remedy:		
Employee Signature	Date	
STEP 1 DECISION - TO BE COMPLETED BY THE EMPLOYEE'S APPOINTING AUTHORITY OR DESIGNEE		
Appointing Authority Name:	Date Received:	
Date of Conference with Employee:		
Decision:		
☐ In Favor of Employee☐ Relief granted:	☐ Grievance Denied	
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Explanation of Decision:	- Grievance Demed	
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TEMPORARY EMPLOYEES' PAID LEAVE GRIEVANCE APPEAL

*(Page 1 of the Temporary Employees' Paid Leave Grievance Form must be submitted with this appeal)

STEP 2 - APPEAL OF STEP 1 DECISION OF THE APPOINTING AUTHORITY or DESIGNEE

Employee Name:		
Additional Information for Consideration:		
Employee Signature	Date	
STEP 2 DECISION – BY THE EXEC DIR OF DBM OFFICE OF PERSONNEL SERVICES AND BENEFITS		
Executive Director Name:	Date Received:	
Decision:		
☐ In Favor of Employee ☐ Relief granted:	☐ Appeal Denied	
- Keller granted.		
Signatura	Data	
Signature	Date	

Upon issuance of a decision at Step 1, a completed copy of this form should be provided to the employee and the Human Resources Director.

Upon issuance of a decision at Step 2, a completed copy of this form should be provided to the employee, the employee's Appointing Authority and the Human Resources Director.