SUL ROSS STATE UNIVERSITY  
A Member of the Texas State University System

SRSU Policy: Grievance Procedure for Staff Employees  
SRSU Policy ID: APM 5.05  
Policy Reviewed by: Director of Human Resources  
Approval Authority: Vice President for Finance and Operations  
Approval Date: January 17, 2017  
Next Review Date: January 17, 2022

Every Employee of Sul Ross State University, individually or through a representative that does not claim the right to strike, shall be entitled to present grievances to a hearing officer designated by the president concerning such employee’s wages, hours of work, or conditions of work. Such grievances shall not involve formal hearing.
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GRIEVANCE PRESENTATION

This form is to be used by any University staff employee having a problem arising from a work-related incident. Any employee presenting this form shall be responsible for becoming aware of the University grievance procedure.

Instructions: Complete Section I and present to the University Human Resources within twenty (20) working days of the date of incident described in Section I.

Section I: (To be completed by the employee)
Name of Employee ___________________ Department __________________________
Who is Grievance Filed Against ____________________________
Date of Incident ___________________ Location of Incident ______________________
Who was Involved ____________________________
Description of Incident ____________________________________________________________
Specific action/relief sought __________________________________________________________
Name of Representative (if any) _______________ Date _________________________

Signature of Employee _________________________ Date _________________________

Section II: (To be completed by University Human Resources)
Date this form was received in the Human Resources ________ Time _______________
Name of Supervisor at each Appeal Level:
(1) Immediate Supervisor ____________________________
(2) Department Head _________________________________
(3) Dean or Director _________________________________
(4) General Administrative Official______________________
(5) President __________________________________________

Employee has been given a copy of the University Grievance Procedure. Employee has been instructed to give this form to the first individual listed above within twenty (20) working days of the date of the incident described in Section I, and to each subsequent person shown within three (3) working days of the date of each previous decision if an agreement is not reached.

Signature, Human Resources _________________________ Date _________________

Distribution of form: Original to Human Resources, copy to Grievant, copy to Immediate Supervisor, copy to Respondent.
SUL ROSS STATE UNIVERSITY
GRIEVANCE RESPONSE

This form is to be used to answer any University staff employee's grievance presented to a supervisor at any level of appeal.

**Instructions:** Complete this form and give to the University Human Resources within three (3) working days after hearing the grievance.

Name of Responding Supervisor

Title

Department

Name of Grievant

Date Grievance Presented to Supervisor

Statement of Relevant Facts

Supervisor's Decision

Signature of Supervisor

Date

Distribution of form: Original to Human Resources, copy to Grievant, copy to Respondent, copy to Previous Levels of Supervision.