

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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SUL ROSS STATE UNIVERSITY 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.

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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.