

East Carolina University

SHRA Mediation & Grievance Step 2 Appeal Form- Grievance Panel Hearing

Instructions:

To file a formal grievance, an employee or applicant is required to complete and submit this form to the Department for People Operations, Success, and Opportunity in accordance with the guidelines of ECU's regulations regarding the SHRA Employee Grievance Policy. For your grievance to be eligible for consideration, you must provide a clear and concise summary supporting your claim. Please include any relevant issues information (including dates) for each issue being grieved. All information and documentation that you wish to have considered must be provided with this form at the time of submission. **Failure to do so may result in your grievance being dismissed** You may attach additional sheets as necessary. **Please print or type.**

Part 1: Grievant Information			
Grievant's Full Name:		ECU ID (Banner ID):	
Position Title:		Department Name:	
Home Address:		Home City, State, Zip:	
Home/Cell Phone:		Work Phone:	
Campus Address:		Immediate Supervisor:	
Immediate Supervisor Title		Immediate Supervisor Phone:	

Mediation Process resulted in an impasse. I am requesting a Step 2 Panel Hearing for the reason(s) specified below:

Part 2: Subject of Appeal

Date of Incident being grieved:
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Issue(s) Being Grieved:	
<input type="checkbox"/> Disciplinary Action-<i>Lack of just cause for.</i> <input type="checkbox"/> Suspension without pay <input type="checkbox"/> Demotion <input type="checkbox"/> Dismissal Involuntary Non-disciplinary Separation Due to Unavailability	<input type="checkbox"/> Retaliation-<i>In regard to:</i> <input type="checkbox"/> Promotion <input type="checkbox"/> Dismissal <input type="checkbox"/> Demotion <input type="checkbox"/> Suspension without pay <input type="checkbox"/> Other Based on: <input type="checkbox"/> Participating in the Grievance Process <input type="checkbox"/> Alleging Prohibited Harassment/Discrimination <input type="checkbox"/> Alleging Improper Government Activity (Whistleblower) Protesting Unlawful Discrimination
<input type="checkbox"/> Discrimination- <i>In regards to:</i> <input type="checkbox"/> Promotion <input type="checkbox"/> Dismissal <input type="checkbox"/> Demotion <input type="checkbox"/> Suspension without pay <input type="checkbox"/> Other Based on: Age Pregnancy Disability Sex <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Race/Color <input type="checkbox"/> Veteran's Status Religion <input type="checkbox"/> Political Affiliation Gender <input type="checkbox"/> National Origin Identity or Genetic Information Expression	<input type="checkbox"/> Harassment- <i>Based on:</i> <input type="checkbox"/> Age Disability <input type="checkbox"/> Sex <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Race/Color <input type="checkbox"/> Veteran's Status <input type="checkbox"/> Religion <input type="checkbox"/> Political Affiliation <input type="checkbox"/> Gender <input type="checkbox"/> National Origin Identity or Pregnancy Expression Genetic Information

Annual Performance Evaluation of <u>Not Meeting Expectations</u>	Personnel File- Denial of request to remove inaccurate/misleading information from personnel file
Denial of hiring or promotion opportunity due to failure to post position	Denial of promotion opportunity due to failure to give priority consideration for promotion to a Career State employee as required by law (NCGS 126-7.1)
Denial of National Guard preference as provided by law	Denial of reduction in-force priority as provided by law (NCGS 126-7.1)
Denial of veteran's preference as provided by law	Other- <i>Provide Specific Grievable Issue from the SHRA Grievance Policy</i>

Part 3: Reasons for this Appeal

Describe the specific event(s) that caused you to file this grievance (include actions you have taken to resolve this matter informally with your supervisor or other involved parties as well as any information that might support your cause). Also provide specific details clarifying your covered issue:

State the specific resolution being requested:

Signature:		Date:	
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Submit this form **and** a copy of the complete "Notice of Mediation Impasse" within **5 calendar days** from the date of Mediation Impasse to:
 LaKesha Alston Forbes, Senior Associate Vice Chancellor and Chief People Officer
 Department for People Operations, Success, and Opportunity
 East Carolina University
 210 East First Street
 Greenville, NC 27858