

East Carolina University

SPA Employee Mediation and Appeal Request Form Step 2 – Grievance Panel Hearing (Due to Impasse in Step 1 – Mediation)

Instructions:

To file a formal grievance, an employee is required to complete and submit this form to the Department of Human Resources in accordance with the guidelines of ECU’s regulations regarding Mediation and Grievance Policy for Employees Subject to the Personnel Act. **In order for the process to begin, all information MUST be completed.** Failure to provide sufficient information may result in your grievance form being returned to you for completion/clarification or may result in your grievance being dismissed. You may attach additional sheets as necessary. **Please print or type.**

Employee Information	
Employee’s Full Name:	
ECU ID (Banner ID):	
Position Title:	Department:
Campus Address:	Work Phone #:
Home Address:	
Home Phone #:	Date of Incident:
Supervisor’s Name/Title:	Supervisor’s Phone #:

Grievance Information	
I am requesting a Step 2 Panel Hearing for the reason(s) specified below: The Mediation Process resulted in non-agreement (impasse).	
<input type="checkbox"/> DISCIPLINARY ACTION (specify) <input type="checkbox"/> Suspension without pay <input type="checkbox"/> Demotion <input type="checkbox"/> Dismissal <input type="checkbox"/> PERFORMANCE/COMPETENCY RATINGS <input type="checkbox"/> FAILURE TO GIVE RE-EMPLOYMENT PRIORITY CONSIDERATIONS <input type="checkbox"/> FAILURE TO GIVE PROMOTIONAL PRIORITY CONSIDERATIONS <input type="checkbox"/> DENIAL OF PROMOTION DUE TO FAILURE TO POST POSITION FOR REQUIRED TIME	<input type="checkbox"/> RETALIATION FOR PARTICIPATION IN A NON-PROTECTED CLASS GRIEVANCE <input type="checkbox"/> DENIAL OF REQUEST TO REMOVE MISLEADING INFORMATION FROM PERSONNEL FILE <input type="checkbox"/> POLICY MAKING DESIGNATION <input type="checkbox"/> OTHER (PROVIDE SPECIFIC GRIEVABLE ISSUE FROM SECTION III): _____

Describe the event(s) that caused you to file this grievance (include any information that might support your cause):

State the specific resolution being requested:

Employee Signature:

Date:

Submit this form **and** copy of the completed form “Notice of Mediation Impasse” to: Associate Vice Chancellor of Human Resources, Department of Human Resources, East Carolina University, 210 East First Street, Greenville, NC 27858