



<b>Grievance Number</b> <b>FOR AGENCY USE ONLY</b>
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## WLEA EMPLOYEE GRIEVANCE REPORT

**Step 1:** Grievance is to be submitted to your designated agency representative within 30 calendar days of the date the grievant first became aware of, or should have become aware of, the cause of such grievance.

**Step 2:** Grievance is to be submitted to the appointing authority or designee within 14 calendar days of the receipt of the step 1 answer.

**Step 3:** Grievances which have not been settled may be appealed to Arbitration within 30 calendar days from the step 2 answer or from the date the answer was due. Grievances involving discharge must be appealed within 15 calendar days of the step 2 answer or from the date the answer was due.

Please Check One This is a <b>Step 1</b> Grievance <input type="checkbox"/> This is a <b>Step 2</b> Grievance <input type="checkbox"/> This is a <b>Step 3</b> Grievance <input type="checkbox"/>		Please Check One <input type="checkbox"/> Individual Grievance <input type="checkbox"/> Union Grievance <input type="checkbox"/> Group Grievance		Grievance Alleges Violation of Article _____ Section _____	
Last Name, First Name, MI		Agency/Division			
Employing Unit		Work Unit		Supervisor	
Headquarter Location			Hours of Work		
Classification			Preferred Email Address		
Home Address			Preferred Telephone		
Grievance Subject (Please Check One) <input type="checkbox"/> 1-Day Suspension <input type="checkbox"/> 3-Day Suspension <input type="checkbox"/> 5-Day Suspension <input type="checkbox"/> Demotion <input type="checkbox"/> Discharge <input type="checkbox"/> Layoff <input type="checkbox"/> Reduction in Base Pay <input type="checkbox"/> Language <input type="checkbox"/> Other					
Grievance Summary					
Relief Sought					
Date Submitted				Received By	