

UNT STAFF EMPLOYEE GRIEVANCE/INVOLUNTARY TERMINATION REVIEW FORM

Grievances must be handled in accordance with UNT Policy 1.7.2 and involuntary termination reviews must be handled in accordance with UNT Policy 1.7.1. Completion of this form in its entirety is required for both grievances and involuntary termination reviews. Grievances must be submitted to Human Resources within ten (10) work days of the action or condition giving rise to the grievance. Involuntary termination reviews must be submitted to Human Resources within five (5) work days after the staff employee receives notice of termination or after the employee receives notice of a decision by a reviewing official.

Check one of the following: <input type="checkbox"/> Grievance <input type="checkbox"/> Involuntary Termination Review	
Employee Name:	Employee ID#:
Address:	Qty, State, Zip:
Job Title:	Department:
Supervisor:	Date of Hire:
Contact Phone #:	Email Address:

1. Explain the nature of your grievance or reason for requesting an involuntary termination review; including names of all person(s) involved, dates(s) of incident(s) and specific facts. Relevant documents may be attached.

2. If filing a grievance, explain any attempts you have made to resolve your concern and how they have been successful or unsuccessful.

3. List any UNT policies you believe were violated.

4. State the resolution you are seeking

By signing this form you certify/ acknowledge that the above statements, and those attached, are true and correct according to your personal knowledge.

Employee's Signature: _____

Today's Date: _____

NOTE: This completed form should be sent directly to Human Resources. For questions regarding this form or the related policy, contact Human Resources at 940-565-2281.