

HORRY COUNTY HUMAN RESOURCES
EMPLOYEE GRIEVANCE APPEAL APPLICATION FORM

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NAME OF PERSON GRIEVING _____

EMAIL ADDRESS FOR NOTICE PURPOSES _____

ADDRESS _____

TELEPHONE NUMBER FOR CONTACT _____

WHAT IS THE EMPLOYMENT ACTION YOU ARE APPEALING?

WHAT RECOMMENDATION ARE YOU REQUESTING FROM THE GRIEVANCE COMMITTEE?

DID YOU INITIATE CONTACT TO DEPARTMENT HEAD AND ASSISTANT ADMINISTRATOR TO REQUEST THAT THE EMPLOYMENT ACTION YOU ARE GRIEVING BE RECONSIDERED?

YES _____ **NO** _____

IF YES, PLEASE SPECIFY THE DATES AND MANNER THAT YOU CONTACTED THE DEPARTMENT HEAD AND ASST. ADMINISTRATOR, AND WHETHER YOU MADE CONTACT:

DEPARTMENT HEAD _____

ASSISTANT ADMINISTRATOR _____

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I request that my Grievance Hearing be:

OPEN or CLOSED to the Public:

Circle open or closed (Please circle **only one**)

Closed to the public means only the grievant, managerial employee, Grievance Committee, the Grievance Committee's Attorney, and the person or persons designated as the recorder(s) may be present in the hearing.

Employee Signature

Date

Please attach the following items (if applicable):

- 1) A list of potential witnesses (if any) for the employee with a short summary (10 lines or so) of information the witness may offer (**only the Grievance Committee may call witnesses**).
- 2) A list of documents known to the employee that contains relevant information on the matter coming before the Grievance Committee which you wish to have the Grievance Committee consider

Date Signed

Date Received

Employee Signature

Human Resources Department

Request for Grievance Hearing:

Approved

Disapproved

Director of Human Resources

Date

Justification:

Mediation Completed—

GRIEVANCE RESOLVED/ APPEAL WITHDRAWN YES___ NO___

Human Resources Department

Date

Employee

Date

Department

Date