



EMPLOYEE GRIEVANCE FORM

This form must be completed in order to file a grievance under district policy. The individual filing this grievance must be a current/recent employee.

Name of Employee: (If for a group action, name of employee serving as the representative for the group)

Position:

Location:

**Telephone: (H)
(W)
(C)**

Email:

Name of Immediate Supervisor:

Name of Person(s) Against Whom Grievance is Filed:

Nature of Grievance:

- Violation, misapplication, or misinterpretation of federal law, state law, state board of education policy, state rule, local board policy or administrative regulation and procedure (R&P). **If this item is checked, specify the laws, policies, rules, and/or administrative regulations and procedures involved:**
- Unsafe working condition which jeopardizes health or safety and interferes with ability to perform job. **If this item is checked, specify the laws, regulations, policies, procedures, or physical conditions involved:**
- This does not constitute the definition of a grievance as defined by District Policy.



State basis for this grievance:

State how you are affected by the alleged violation in your employment:

State the specific remedy sought:

By my signature, I certify that the facts listed above are true to the best of my knowledge and that I have provided a copy of this form to the individuals against whom the grievance is filed.

_____ **Employee Name and Signature**

_____ **Date**

A joint grievance must bear the signature of each grievant.



-----**FOR HR USE ONLY**-----

Date of final administrative decision or condition giving rise to this grievance:

Please direct the completed form to Human Resources:

**Horry County Schools
P.O. Box 260005
335 Four Mile Road
Conway, SC 29528-6005**