

Hertford County Public Schools



EMPLOYEE GRIEVANCE FORM

To request a grievance hearing, complete and return a copy of this form to the Office of Human Resource Services within thirty (30) calendar days after the act or condition giving rise to the grievance. For more information concerning the procedures, refer to Board Policy #1750/7220 Grievance Procedures for Employees.

Please Print:

Name of Employee _____ **Position** _____

Address _____ **City/State/Zip** _____

Daytime Phone Number _____

Name of School _____

Name of Immediate Supervisor _____

Name of person against whom the grievance is filed: _____

Nature of Grievance: Please specify (by check) one or more of the following relative to the grievance.

_____ 1. There has been a violation, misapplication or misinterpretation of state or federal law, or regulation, school board policy or administrative procedure. If this item is checked, specify the law, regulation or board policy;*

_____ 2. Appeal of a decision subject to an appeal under G.S. 115C-45 © or 115C-305. If this item is checked, specify the decision you are appealing.*

Please state the facts supporting your grievance below. (If additional space is needed, please continue on the reverse side of this form.)

State the relief you are seeking:

Date employee first learned of the facts set forth above: _____

Employee's Signature: _____ **Date:** _____

***Note:** Dismissals are appealable only to the Board of Education