



COUNTY OF HENRICO
Employee Grievance Procedure

Request for Grievance Hearing

- PLEASE TYPE OR PRINT -

Full Name of Grievant

Department

Job Title

Daytime Telephone Number(s)

E-mail Address

STEP 2 DEPARTMENT LEVEL HEARING: To be completed by the grievant at Step 2 only and filed with the grievant's department with a copy sent to the Department of Human Resources.

1. Identify and describe the incident giving rise to this grievance, including the date of the incident. (If you first became aware of the incident at a later time, please explain.)

2. Date of Step 1 informal hearing and name of immediate supervisor who conducted the hearing.

3. Specify the relief sought. (Use separate sheets if necessary.)

Signature of Grievant

Date Submitted

To be completed by the grievant's department:

Signature of Departmental Recipient

Date Received

See page two for use in filing Step 3 or Step 4 grievance.

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STEP 3 COUNTY MANAGER LEVEL HEARING: To be completed by the grievant at Step 3 only and filed directly with the Department of Human Resources.

1. I wish to have my grievance heard at the Step 3 (County Manager) level. I understand that, by requesting to have my grievance heard at Step 3, I am giving up the relief, if any, that was awarded to me at Step 2.

Signature of Grievant

Date Submitted

2. If grievant will have a lay representative or attorney at Step 3, provide the following information:

Name of Representative or Attorney: _____

Mailing Address: _____

Daytime Phone Number(s): _____ E-mail Address: _____

STEP 4 GRIEVANCE PANEL HEARING: To be completed by the grievant at Step 4 only and filed directly with the Department of Human Resources.

1. I wish to have my grievance heard at the Step 4 (grievance panel) level. I understand that, by requesting to have my grievance heard at Step 4, I am giving up the relief, if any, that was awarded to me at Step 3.

2. Name of Grievant's Panel Member:

Mailing Address: _____

Telephone Number: (Home) _____ (Work) _____

E-Mail Address: _____

3. If grievant will have a lay representative or attorney at Step 4, provide the following information:

Name of Representative or Attorney: _____

Mailing Address: _____

Daytime Phone Number(s): _____ E-mail Address: _____

For further information about the County of Henrico's Grievance Procedure, please contact:

Department of Human Resources
P.O. Box 90775
Henrico, VA 23273-0775
Telephone: (804) 501-4273 | Fax: (804) 501-4426