

**UNIT 10
EDUCATION AND LIBRARY SERVICES
EMPLOYEE GRIEVANCE FORM**

TO BE COMPLETED BY THE EMPLOYEE (Please Print or Type)

Department	Date		
Institution	SS No.		
Employee Name	Work Telephone No.		
Classification Title	Date of Incident Giving Rise to Grievance		
Explanation of Grievance:			
The above mentioned action(s) violate(s), misinterpret(s) or misrepresent(s) the Agreement between SCOPE/OEA and the State of Ohio.			
Specific Violation of Article _____			
Specific Violation of Article _____			
Specific Violation of Article _____			
Remedy Sought			
Employee Signature	Date		
TO BE COMPLETED BY THE APPROPRIATE MANAGEMENT REPRESENTATIVE:			
<u>Date Received</u>	<u>Date Notified</u> <u>Assoc. Representative</u>	<u>Date of</u> <u>Meeting</u>	<u>Date of Grievance</u> <u>Response</u>
Step 1			
Step 2			
Step 3			

