

ILLINOIS STATE UNIVERSITY
CIVIL SERVICE STANDARD GRIEVANCE FORM

NAME: _____ LOCATION: _____ DATE: _____

DEPARTMENT: _____ CLASSIFICATION: _____

IMMEDIATE SUPERVISOR: _____ TITLE: _____

Was the decision you are grieving issued directly by the Office of Human Resources?

If YES, complete this form as instructed below and move to Step 3.

If NO, have you completed Step 1? Date discussed with immediate supervisor: _____

If you have not discussed it with your immediate supervisor the grievance cannot move to Step 2.

INSTRUCTIONS: Please complete all of the following and present it directly to the appropriate individual (Department Head/Designee or Director of Labor Relations/Designee). It must include the provision(s) of University policy allegedly violated, a complete statement of the facts, and the relief requested.

PROVISION(S) OF POLICY ALLEGEDLY VIOLATED:

COMPLETE STATEMENT OF THE FACTS:

RELIEF REQUESTED: