



| Return this form to the Employee                                  |                            |                                    |                              |  |  |  |
|---|----------------------------|------------------------------------|------------------------------|--|--|--|
| Date Signature of Department Head or Designee                     |                            |                                    |                              |  |  |  |
|   |                            |                                    |                              |  |  |  |
| (Attach a copy of Step One Decision                               | AND SEND TO STA            | FF RELATIONS)                      |                              |  |  |  |
| Step One Decision (choose one):                                   | Granted in Full            | Granted in Part                    | Denied                       |  |  |  |
| Date formal grievance was received                                | by Department hea          | d or Designee:                     |                              |  |  |  |
| To be completed by Department Hea                                 | ad or Designee:            |                                    |                              |  |  |  |
| Sı  | ubmit this form to y       | our Department Head                |                              |  |  |  |
|   |                            |                                    |                              |  |  |  |
| Representative's Phone Number and                                 | d Email Address:           |                                    |                              |  |  |  |
|   |                            |                                    |                              |  |  |  |
| Date  |                            | Signature of Employee and/C        | or nepresentative            |  |  |  |
| Date  |                            | Signature of Employee and/o        | or Raprocentative            |  |  |  |
|   |                            |                                    |                              |  |  |  |
| Who, if anyone, do you name as you                                | ır representative?         |                                    |                              |  |  |  |
| Step One  |                            | Step T                             | WO                           |  |  |  |
| Suspension Cases ONLY – I wish this                               | case to <u>begin</u> being |                                    | Dua                          |  |  |  |
| Communicati Const CANA Const Later                                | anna ka harata ka t        | h a and at.                        |                              |  |  |  |
|   |                            |                                    |                              |  |  |  |
| What do you think should be done?                                 |                            |                                    |                              |  |  |  |
|   |                            |                                    |                              |  |  |  |
| What is your complaint?   |                            |                                    |                              |  |  |  |
| To be completed by the employee (Pleas 3110 Chesapeake Building): | se senu a copy of Grie     | vance Form and all related corresp | oniuence to stair Relations, |  |  |  |
| To be accordated by the second second                             |                            |                                    |                              |  |  |  |
| Phone Number and Email (for contact                               | ct regarding hearing       | gs):                               |                              |  |  |  |
| Department: Home Address:   |                            | Campus Address:                    |                              |  |  |  |
| Name:   |                            | Job Title:                         |                              |  |  |  |
| Name  |                            | Grievance Number:                  |                              |  |  |  |





| Name of Grievan     | t & Number                                |            | Date                     |  |
|---------------------|---|------------|--------------------------|--|
|                     |   |            |                          |  |
|                     |   |            |                          |  |
| I wish to app       | peal the Step One decision to Step Two of | the grieva | nce procedure.           |  |
|                     | · ·                                       | -          | •                        |  |
|                     |   |            |                          |  |
| Date                | Signature of Aggrieve                     | ed Employ  | ee and/or Representative |  |
|                     |   |            |                          |  |
|                     |   |            |                          |  |
|                     |   |            |                          |  |
|                     |   |            |                          |  |
| I wish to appeal th | he Step Two decision to:                  |            |                          |  |
| (check one)         | Office of Administrative Hearing          | OR         | Arbitration              |  |
| (circult offe)      | omee of Authinistrative ricums            | O.v.       | ,                        |  |
|                     |   |            |                          |  |
| Date                | Signature of Employee and/or Repr         | esentative |                          |  |

\*Important Note: To appeal the Step Two decision the Grievant and/or their Representative <u>must submit</u> this form along with a copy of the decision to:

Office of Administrative Hearings Administrative Law Building 11101 Gilroy Road Hunt Valley, MD 21031-8201

Questions regarding scheduling of Step Three hearings or other issues related to Step Three of the grievance procedure should be directed to the Office of Administrative Hearings at (410)229-4100.

For a copy of USM Policy VII – 8.00 –Policy on Grievances for Exempt and Nonexempt Staff Employees," see: <a href="http://www.usmd.edu/regents/bylaws/SectionVII/VII800.pdf">http://www.usmd.edu/regents/bylaws/SectionVII/VII800.pdf</a>. Or see the Grievance Procedure in Annotated Code of Maryland, Education Article, Section 13 -201 et.seq.