

For DAS-HRE use

NON-CONTRACT GRIEVANCE FORM

Name of Employee (Grievant):	Department:	Classification:
Work Unit:	Immediate Supervisor:	Work Address:
Work-City, State & Zip Code:	Work Phone Number:	Home Address:
Home-City, State and Zip Code:	Home/Cell Phone Number:	Date:
Employee's Signature:	* 8A Subchapter IV/70A Code Section or DAS-HRE Rule 11 IAC Violated:	

* Must be completed if other than an 11 IAC 61.2(6) Appeal

State the issue involved and the date the incident took place:
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Remedy Requested:

If the issue involves suspension, demotion, discharge, or reduction of pay within grade of a merit system covered employee with permanent status, this form must be submitted to DAS-HRE at step 3 within seven (7) calendar days after the effective date of the action. See DAS-HRE subrule 11 IAC 61.2(6).

<p>This form may be faxed to 515-281-0753, hand delivered to DAS-HRE or mailed to: Iowa Department of Administrative Services – Human Resources Enterprise, 1305 East Walnut, Des Moines, Iowa 50319.</p> <p>The Iowa Department of Administrative Services – Human Resources Enterprise does <u>not</u> accept e-mail filings of grievances.</p>
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STEP 1 RESPONSE

Supervisor's Signature:

Date Received:

Date Answered:

Disposition of Grievance:

STEP 2 RESPONSE

Management Representative's Signature:

Date Received:

Date Answered:

Disposition of Grievance:

STEP 3 RESPONSE

DAS-HRE Representative's Signature:

Date Received:

Date Answered:

Disposition of Grievance: