

**UNIVERSITY OF KENTUCKY
REGULAR STAFF EMPLOYEE GRIEVANCE FORM**

An employee may complete and submit this form to the appropriate University official in accordance with the guidelines of the University of Kentucky's Human Resources Policy and Procedure Number 7.0 Grievances. All sections must be completed. (Attach additional sheets if necessary)

A. EMPLOYEE INFORMATION

Name _____ Pers ID _____

Position Title _____ Department _____

Home Address _____
Street City State Zip Code

Campus Address _____

Work Telephone (____) _____ Home Telephone (____) _____

Date of Incident _____ Supervisor _____

B. GRIEVANCE STAGE (check one) ___ I ___ II ___ III
Grievance submitted to: _____

**C. *STATE THE SPECIFIC REASON(S) FOR GRIEVANCE
(include action being grieved)**

D. *STATE THE SPECIFIC RESOLUTION BEING REQUESTED:

Employee Signature

Date Submitted

*If more space is needed, please use the reverse side of this form or attach additional pages. Documentation supporting the grievance may be attached as well.