

GRIEVANCE FORM 1A

Rule 15 of the Personnel Board of Jefferson County Rules & Regulations governs the grievance process. It is important to review this Rule prior to submission of a grievance to ensure that issues presented through this procedure meet the requirements and conditions necessary for a matter to be subject to adjustment under Rule 15. This form should be submitted to your immediate supervisor, with copy submitted to the Personnel Board Employee Relations Department (EmployeeRelations@pbjcal.org), within seven days of the grieved incident.

Grievant Contact Information	
Name:	Employer:
Job Title:	Preferred Phone:
<u>Home</u> Mailing Address	Email Address:
Street:	
City:	
Details of Grievance	

Date and time of incident/matter being grieved:

Detailed description of incident/matter being grieved including names of other persons involved, if any:

List Personnel Board Rules & Regulations and/or organizational policies related to this incident/matter, if any:

Describe the substantial term or condition of your employment adversely affected by the incident/matter being grieved:

Provide any proposed solution to this grievance:

Supervisor Contact Information	
Supervisor Name:	Work Phone:
Supervisor Job Title:	Email Address:
Department Head Contact Information	
Dept Head Name:	Work Phone:
Dept Head Job Title:	Email Address:
Date and Signature	
	Date Form Submitted to Supervisor:
Grievant Signature	
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This form should be submitted to your supervisor within seven days of the grieved incident. A copy of this form must be filed with the Employee Relations Department of the Personnel Board of Jefferson County upon submission to the grievant's supervisor. The scanned form may be sent to EmployeeRelations@pbjcal.org.