



Employment Dispute Form

The college recognizes disputes may arise in the employment setting. Parties involved in a dispute are encouraged to seek informal resolution. It is management's responsibility to facilitate fair and equitable resolution of disputes. In the event informal resolution is unsuccessful, staff may pursue a formal resolution process.

Employment disputes procedures and use of this form are outlined in the Employment Disputes & Resolution Policy 2.5.05.

Section A. Departmental Review

I. Employee Information

Employee's Name: _____

Department: _____ Work Phone: _____

Supervisor's Name: _____

II. Dispute

Please explain the nature of the dispute, including date(s) of incident(s) and section(s) of policy you believe have been violated. Also include names of any witnesses who may have information relevant to the dispute. Attach additional sheets if necessary.)

III. Resolution Desired

Employee Signature: _____ Date submitted to supervisor: _____

IV. Department Response: Issue resolved? Yes No

Next-line Supervisor Signature: _____ Date returned to employee: _____

Employee Signature: _____ Date: _____

Section B: Senior-Level Administrator Review

In the event resolution was not reached at the departmental level, the employee may request a review by the appropriate senior-level administrator. This form must be submitted to the senior-level administrator within 10 working days of receipt of the department's response.

I. Reason why next-line supervisor's response is unsatisfactory:

Employee Signature: _____ Date: _____

Date submitted to Office of Human Resources: _____

II. Senior-Level Administrator Decision/Recommendation

Date of meeting with employee:

Senior-Level Administrator Decision/Recommendation:

Date recommendation submitted to President: _____

President's Decision: