



CITY OF LAREDO NOTIFICATION OF GRIEVANCE

For HR Use Only

Date: _____

Employee Name: _____ Emp. #: _____ Date of Hire: _____

Dept./Div.: _____ Job Title: _____

Employee Address (for correspondence purposes) _____
Address City State Zip Code

Employee Telephone Contact Information: _____
Home/Cell # Alt. Phone #

I. TO BE COMPLETED BY EMPLOYEE

In accordance with the Municipal Civil Service Rules and Regulations of the City of Laredo, I am hereby filing a grievance concerning the following:

- | | | |
|------------------------------------|--|--|
| Condition or action being grieved: | <input type="checkbox"/> Reassignment | <input type="checkbox"/> Written Warning |
| | <input type="checkbox"/> Demotion (non-disciplinary) | <input type="checkbox"/> Employment Practice/Condition |
| | <input type="checkbox"/> Lateral Transfer | |

Grievance Statement:	
Employee's Signature:	Date:

II. IMMEDIATE SUPERVISOR RESPONSE: The following section should be completed within five (5) working days upon receipt of this notification.	For Immediate Supervisor Use Only
	Date Received from Employee:
	Date Returned to Employee:
Supervisor's Signature:	Date:



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<p>Employee's Response to Immediate Supervisor's decision:</p> <p> <input type="checkbox"/> Satisfactory <input type="checkbox"/> Non-satisfactory. I wish to proceed with this grievance to my Department Director </p> <p>Must present to Department Director within five (5) working days upon receiving the written response from the immediate supervisor.</p> <p>Remedy: _____</p>	For Employee Use Only
	Date Received from Supervisor:

<p>III. DEPARTMENT DIRECTOR RESPONSE: The following section should be completed within five (5) working days upon receipt of this notification.</p>	For Department Director Use Only
	Date Received from Employee:
	Date Returned to Employee:
Director's Signature: _____	Date: _____

<p>Employee's Response to Department Director's decision:</p> <p> <input type="checkbox"/> Satisfactory <input type="checkbox"/> Non-satisfactory. I wish to proceed with this grievance to the Municipal Civil Service Commission </p> <p>Must present to the Human Resources Department within five (5) working days upon receiving the written response from the Department Director.</p> <p>Remedy: _____</p>	For Employee Use Only
	Date Received from Director:

Final Resolution Desired: _____

Employee's Signature: _____ Date: _____