MICHIGAN STATE UNIVERSITY GRIEVANCE PROCEDURE
for
Non-Bargained For Regular Support Staff

Has the Grievance been discussed with the immediate supervisor?  Yes ☐  No ☐

Step I

Employee’s Name: ___________________________ Phone No.: ________________

Department: ___________________________ Date: ________________

Statement of Grievance: __________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Employee’s Signature: ___________________________ Date: ________________

Immediate Supervisor’s Signature *: ___________________________ Date: ________________

Disposition by Immediate Supervisor *: ____________________________________________

______________________________________________________________________________

Presented to: ___________________________ Date Presented: ________________

(Agrieved Employee)

Signature of Immediate Supervisor*: ____________________________

Step II

Reason Immediate Supervisor’s* Answer Was Unsatisfactory __________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

* Or designated representative
Presented to __________________________________________  Date Presented _________________

(Administrative Head*)

Date Received by Administrative Head* ________________________________________________

Disposition by Administrative Head* __________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Presented to __________________________________________  Date Presented _________________

(Aggrieved Employee)

Signature of Administrative Head* ________________________________________________

Step III

Reason Administrative Head’s* Answer Was Unsatisfactory _____________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Presented to __________________________________________  Date Presented _________________

Assistant Vice President for Human Resources

Date Received by the Assistant Vice President for Human Resources ______________________

Final Disposition by Assistant Vice President for Human Resources _______________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Presented to __________________________________________  Date Presented _________________

(Aggrieved Employee)

Signature of Assistant Vice President for Human Resources _____________________________

* Or designated representative

One Copy must be sent to the Office of Employee Relations at each written exchange level of this procedure.

Revised May 1999