Human Resource Services
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Undergraduate Student-Employee Grievance Form

STEP 1: Filed within fourteen class days of occurrence
At Step 1, please provide this form to the head of the administrative unit of your immediate supervisor.

Undergraduate student-employees are encouraged to discuss concerns with their immediate supervisor prior to filing a grievance.

___ I have discussed the following with my immediate supervisor and have been unable to resolve this matter informally.
___ I have chosen not to discuss my concerns with my immediate supervisor.

Employee Name ___________________________ Date ____________
Job Title ________________________________ University ID __________________________
Department ______________________________ College/Division _______________________
Immediate Supervisor ________________________ Title ______________________________
Incident Occurred - a: ______________________ (Date/Time) ______________________
 b: ______________________ (Specific Location) ______________________

Attach separate sheet or copies of documentation if additional space is needed.

Statement of Grievance ____________________________________________________________
                                                                                       ____________________________________________________________
                                                                                       ____________________________________________________________
                                                                                       ____________________________________________________________
                                                                                       ____________________________________________________________
                                                                                       ____________________________________________________________
Institutional Rule Involved (if known) __________________________________________________
                                                                                       ____________________________________________________________
                                                                                       ____________________________________________________________
                                                                                       ____________________________________________________________
                                                                                       ____________________________________________________________
Adjustment Sought/Corrective Action Requested _________________________________________
                                                                                       ____________________________________________________________
                                                                                       ____________________________________________________________
                                                                                       ____________________________________________________________
                                                                                       ____________________________________________________________
Employee Signature _____________________________
                                                                                       ____________________________________________________________
                                                                                       ____________________________________________________________
                                                                                       ____________________________________________________________
                                                                                       ____________________________________________________________
DECISION OF HEAD OF THE ADMINISTRATIVE UNIT

Head of the administrative unit's Decision on Grievance (returned within seven class days of receipt of grievance) ______
                                                                                       ____________________________________________________________
                                                                                       ____________________________________________________________
                                                                                       ____________________________________________________________
                                                                                       ____________________________________________________________
                                                                                       ____________________________________________________________
Head of the administrative unit Signature_______ - Date:_______
Step 1: Date Answer Received by student ___________________________  Accepted___________ Rejected___________

Employee Signature_________________________________________ Date ________________________________

STEP 2: Filed within seven class days of receipt of Step 1 decision

APPEAL OF HEAD OF THE ADMINISTRATIVE UNIT’S STEP 1 DECISION

I am not satisfied with the Step 1 Decision of my grievance and request that it be reviewed for the following reasons:

Appeal to Senior Vice President/Dean (name)____________________________________ Title__________________________

Attach separate sheet or documentation if additional space is needed

Additional Information Submitted for the review of the Step 1 Decision

______________________________________________________________

______________________________________________________________

______________________________________________________________

Employee Signature_________________________________________ Date ________________________________

DECISION OF SENIOR VICE-PRESIDENT/DEAN

Senior Vice President/Dean’s Decision on Review (returned within seven class days of receipt of grievance) __________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Senior Vice President/Dean’s Signature ___________________________ Date: _________________________

THE FINAL RESOLUTION OF THE GRIEVANCE SHALL BE DETERMINED AT THIS STEP.

An undergraduate student-employee seeking to appeal a final decision must do so under the Student Appeal Procedures of the Board of Regents, State of Iowa.