



COUNTY OF KNOX
Employee Grievance Form
(Non-Union)

Employee Name:

Date:

Department:

Phone #:

A grievance is defined as any dispute relative to the meaning or application of the policies and procedures outlined in the Knox County Personnel Policy Handbook.

Section of the Personnel Policy Violated:

List Applicable Violation:

Requested Relief or Remedy:

Employee Signature: _____ **Date:** _____

Step 1.

The aggrieved employee shall present the grievance verbally to his or her immediate supervisor within three (3) working days after the date of occurrence of the event or matters giving rise to the grievance. All parties will work to resolve the grievance at this level.

- I certify that I have discussed the dispute with my immediate supervisor within 3 working days after the date of occurrence of the event or matters giving rise to the grievance.
- I request that my grievance start on Step 2, as the dispute has to do with my immediate supervisor.

Step 2.

If the aggrieved employee and his or her immediate supervisor have not resolved the grievance, then the aggrieved employee must present the grievance, in writing, to his/her department manager/Sheriff within seven (7) working days beginning the day after occurrence of the event or matters giving rise to the grievance.

- I affirm that the grievance has not been satisfactorily resolved at Step 1 and request that my grievance be elevated to Step 2 as of this date: _____

Within seven (7) working days beginning the day after the employee presents the grievance in writing, the department manager/Sheriff will meet with the employee to discuss the grievance, work to resolve the grievance, and respond to the aggrieved employee in writing.

Written Response of the department manager/Sheriff (may be attached):

Department Manager/Sheriff Signature: _____ **Date:** _____

Step 3.

If the grievance is not resolved between the parties within seven (7) working days beginning the day after the written response of the department manager/Sheriff, the aggrieved employee may submit the grievance, in writing, to the County Administrator.

- I affirm that my supervisor is a department manager/Sheriff and request that my grievance be elevated to Step 3 as of this date: _____

- I affirm that the grievance has not been satisfactorily resolved at Step 2 and request that my grievance be elevated to Step 3 of this date: _____

The County Administrator will hold a meeting on the grievance with all concerned within ten (10) working days beginning the day after the grievance was filed with the County Administrator, unless all parties agree to an extension. Within fourteen (14) working days beginning the day after the meeting, the County Administrator will respond, in writing, to the aggrieved employee as to the decision on the grievance. The decision of the County Administrator is final, except in cases where the disputed action is relative to discharge, suspension or other disciplinary actions, or specifically related to a department manager/Sheriff's terms and conditions of employment.

Written Response of the County Administrator (may be attached):

County Administrator Signature: _____ **Date:** _____

Step 4.

If the disputed action is relative to discharge, suspension or other disciplinary actions, or specifically related to a department manager/Sheriff's terms and conditions of employment, the aggrieved employee may appeal the decision, in writing, to the County Commission within fourteen (14) working days beginning the day after the County Administrator's decision.

- I affirm that the County Administrator has not satisfactorily resolved my grievance, and that my grievance fits the description listed above; I request that my grievance be moved to Step 4 as of this date: _____

The County Commission will hold a hearing within fourteen (14) working days beginning the day after receipt of the grievance, unless all parties agree to an extension. The County Commission will render a final decision in writing within fourteen (14) working days beginning the day after the appeal hearing.

Written Response of the County Commissioners (may be attached):

County Commissioner Signatures:: _____ **Date:** _____

County Commissioner Signatures:: _____ **Date:** _____

County Commissioner Signatures:: _____ **Date:** _____