



Grievance Number – For Agency use only
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PER WIS. ADMIN. CODE ER 46

## CONDITION OF EMPLOYMENT EMPLOYEE GRIEVANCE REPORT

**INSTRUCTIONS**

**Step 1:** To commence a grievance, this form must be submitted to your designated employer grievance representative within 30 days of your awareness of the condition of employment being grieved.

**Step 2:** To appeal a Step 1 decision, a Step 2 grievance must be submitted to your next level designated employer grievance representative within 7 days from receipt of the Step 1 decision.

**Step 3:** To appeal a Step 2 decision, a Step 3 grievance must be submitted to your employer identified appointing authority or designee within 7 days from receipt of the Step 2 decision. Refer to Wis. Admin. Code ER 46 for further instructions.

Please Check One			
This is a <b>Step 1</b> Grievance <input type="checkbox"/>		This is a <b>Step 2</b> Grievance <input type="checkbox"/>	
This is a <b>Step 3</b> Grievance <input type="checkbox"/>			
Last Name, First Name, MI		Telephone	Email
Agency/Division		Employing Unit	Work Unit
Headquarter Location	Classification	Supervisor	Hours of Work
Condition of Employment Being Grieved			
Grievance Summary and Relief Sought			
Date Submitted	Received By		Date Received

### EMPLOYER REPRESENTATIVE RESPONSE

Employer Representative (or Designee)	Date Grievance Heard	Date of Response & Method of Return
Grievance Response and Rationale		

**APPEAL RIGHTS:** If you are dissatisfied with the decision received from the employer representative you may advance your grievance to the next step. See Wis. Admin. Code ER 46 for instructions.