Personnel Form (G-3)

PERSONNEL BOARD OF HOUSTON COUNTY

Grievance Procedure

EMPLOYEE APPEAL FOR PERSONNEL BOARD HEARING

Name of Employee _____ Date _____

Department _____ Classification _____

Name of Appointing Authority _____

Date of incident relating to grievance _____

Date Appointing Authority's response received _____

The Appointing Authority's response is unsatisfactory because:

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I request, as provided for in Rule 7 of the Personnel Board's Rules and Regulations, that the Personnel Board set a hearing date to review my grievance and that a decision be rendered by the Personnel Board in accordance to Alabama State Act No. 84-578 following this hearing.

Date _____ Signature of Employee _____

Date Received: _____

Personnel Form (G-2)