

SECOND STEP GRIEVANCE HEARING/OTHER MEETING NOTIFICATION TO GRIEVANT

After employee signs this form, the **employee's supervisor will sign it, give a copy to the employee, and FAX a copy to the appropriate Human Resources Office, as follows:**

Campus 763-6787
Health System 936-9526

Employee Last Name:	First Name:	Job Title:
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UMID:	Department:
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You are scheduled to attend:

- 2nd Step Grievance Hearing
- Special Conference
- Disciplinary Review Conference
- Sick Time Conference

Meeting DATE:	Meeting TIME:	Meeting LOCATION:
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Employee's SIGNATURE:	DATE above information received from Supervisor:
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Supervisor's SIGNATURE:

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