CAREER SERVICE REVIEW BOARD GRIEVANCE FORM

PLEASE READ

Immediately upon filing a grievance, employees are required by statute to provide a copy to the Career Service Review Board Office (*Utah Code*, §67-19a-402(2)(c)). The failure to timely comply may result in a default (R137-1-13(5), *Utah Code*, §63-46b-11). Mail or fax this information to: Administrator, Career Service Review Board, 1120 State Office Building, P.O. Box 141561, Salt Lake City, Utah 84114-1561. Phone: 538-3048 FAX: 538-3139

A copy should also be sent to your departmental Human Resource Director.

Employee Sig	gnature	Department		
Employee's N	Name (Please Print)	Division	Division	
Date	State Employee ID Number	Work Site Mail	Work Site Mailing Address	
Work Phone	Number	City	Zip Code	
Note: If any	space on this form is insufficient, please use	a separate sheet of pape	er and attach it to this form.	
Immediate Si	erbal discussion between the career service emploupervisor then has five working days to reply to the agrievance. The Employee then has five working	e aggrieved Employee's ve	erbal complaint, when it is	

Step 2 - I have had an oral discussion with my Immediate Supervisor and have not received satisfaction; therefore, I now place my grievance in writing, as follows:

STATEMENT OF GRIEVANCE:

REMEDY OR RELIEF SOUGHT:

STEP 2 REPLY BY IMMEDIATE SUPERVISOR (Immediate Supervisor has five working days to reply in writing)

PLEASE NOTE: This form should not be used for classification grievances. Classification grievances must be filed directly with the Department of Human Resource Management (DHRM) according to *Utah Administrative Code*, R477-4-4. The Career Service Review Board has no jurisdiction over classification matters (*Utah Code*, §67-19-31).