



## Grievance Notification Request

Pursuant to SCDPS Policy No. 400.10 (Grievance), covered employees may grieve certain employment actions. Prior to filing a grievance, please review SCDPS Policy No. 400.10 to determine if the employment action you wish to grieve is grievable. Please note that Counseling and/or Coaching Sessions, Level I Reprimands, and Level II Reprimands are not grievable. Further, a Covered Employee who voluntarily resigns or voluntarily accepts a Demotion, Reclassification, Transfer, Reassignment, or Salary Decrease shall waive any and all rights to file a Grievance concerning such actions. Finally, probationary employees, temporary employees, temporary grant employees, and time-limited project employees do not have grievance rights.

I wish to initiate a grievance evaluation of the following employment action: \_\_\_\_\_

Date of Action: \_\_\_\_\_

**My statement is attached**

Employee Name: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Personal Phone Number: \_\_\_\_\_

Personal Email: \_\_\_\_\_

In the event that the employment action is determined to be grievable, the agency's grievance process allows both parties to elect to engage in the alternative dispute resolution process. The process allows the parties to seek a mutually agreeable resolution without the need for a protracted dispute. If you would like to engage alternative dispute resolution in the above-referenced matter, please indicate accordingly:

Yes, I voluntarily agree to participate in the alternative dispute resolution process.

**OR**

No, I do not wish to participate in the alternative dispute resolution process. I understand this selection means that this matter will be referred to the Grievance Evaluation Panel.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If the Covered Employee wishes to initiate a Grievance, they must notify OHR in writing (via mail or e-mail) by completing and submitting the Grievance Notification Request to OHR within fourteen (14) Calendar Days of the effective date of the action, or when the Covered Employee is notified of the action, whichever is later. Failure by the Covered Employee to comply with the internal time periods described in this policy constitutes a failure to exhaust administrative remedies and waives the Covered Employee's right to further continue the Grievance. The internal time periods of the department grievance procedure, however, may be waived upon the mutual written agreement of both parties. The forty-five (45) Calendar Day period for action by the department may not be waived except by mutual written agreement of both parties. Any Covered Employee may appeal a final decision of the agency to the DSHR. Such Appeal must be in writing and submitted to the DSHR within ten (10) Calendar Days of receipt of the department's final decision or fifty-five (55) Calendar Days from the initial date the Grievance was filed within the department, whichever occurs later.

**You may contact SCDPS OHR by mailing this form to the address listed below or by emailing this form to**  
**[EmployeeRelations@SCDPS.gov](mailto:EmployeeRelations@SCDPS.gov)**