



REPRESENTATIVES: You may designate a representative through written notice to the College District at any level of this process by submitting the attached Designation of Representative Form.

WITNESSES:

Name: _____ Phone/Email: _____ Dept/Campus: _____
Briefly, what did the witness hear or see?

Name: _____ Phone/Email: _____ Dept/Campus: _____
Briefly, what did the witness hear or see?

REMEDY SOUGHT
Required

NEW EVIDENCE: Provide New Evidence no later than three (3) days prior to the hearing (up to Level III only).

By signing below you acknowledge that you have reviewed D.3.3/D.3.3.1 and are submitting this request under that process. In the event that this submission is an appeal of a previous Level III decision, you further acknowledge that Level IV is the Final Step in the Employee Complaint procedure outlined in D.3.3.1 and the decision of the Board of Trustees is final.

Signature of Grievant: _____ Date: _____

Printed Name: _____

SUBMIT TO HUMAN RESOURCES via email to: *dst-HREEO@alamo.edu*.
For questions, call 210-485-0200



For Human Resources Use Only

| | | | | | |
|---|-----------------|---------------------|----------|-----------|----------|
| Date Received by Human Resources: _____ | Accepted | Rejected | | | |
| Rejection basis: | Invalid Dispute | No Remedy Requested | Untimely | | |
| Rejection Explanation: _____ | | | | | |
| Grievance Level: | Informal | Level I | Level II | Level III | Level IV |

ADDITIONAL INFORMATION (if necessary)

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Designation of Representative

General Information

Name _____ Job Title _____
Banner ID _____ Work Location _____

I have designated the following individual as my representative during the grievance:

Name: _____
Company/Organization: _____
Address: _____
Phone Number: (____) _____

As provided by Alamo Colleges Policy and Procedure, I understand the following:

- The grievant is solely responsible for any associated cost to the Representative(s);
If the Representative is an employee, s/he shall not represent the grievant during work hours.
The grievant may change, omit or amend this Designation with written notification to the Human Resources Department.
The Department of Human Resources may reschedule any grievance conference if this Designation is provided 3 days or less prior to the scheduled grievance conference;

Please provide signature below as acknowledgement of the information above.

Employee Signature

Date

Representative Signature

Date