State Employee Grievance Procedure State Appeal Form

To appeal the decision of the Agency concerning a grievance under the State Employee Grievance Procedure Act to the State Human Resources Director, the employee or representative initiating the appeal must complete this form and return it to the Division of State Human Resources.

Forms and additional documentation can be submitted via email to **grievance@admin.sc.gov,** via facsimile to **803-896-5050, or** by mail to the address below.

Division of State Human Resources
8301 Parklane Road, Suite A220
Columbia, South Carolina 29223

**** Required Information***

Employee's Name:* _____

Job Classification:* _____ **Agency*:** _____

Home Address:* _____ _____ _____ _____
Street City State Zip Code

Telephone:* _____ _____ _____
Home Cell Office

Do you have an attorney or other representative?* ☐ Yes ☐ No

If yes, please provide the contact information for your attorney or representative below:

Representative's Name: _____

Address: _____ _____ _____ _____
Street City State Zip Code

Telephone: _____

1. Has the employee completed twelve (12) months of satisfactory service with the state?* ☐ Yes ☐ No

2. What disciplinary action taken against the employee is being appealed?* _____

3. Has the employee received a final decision from the agency?* ☐ Yes ☐ No

   If yes, what date did the employee receive the final decision?* _____

4. What date did the employee initiate the grievance within the agency's internal grievance procedure?* _____

Employee's Name*:

APPEAL

Please specify why the employee contends that the agency's decision concerning the grievance is unfair and state relevant facts and issues to support that position. (Attach additional pages if necessary.): *

Please specify the relief that the employee is seeking by this appeal. (Attach additional pages if necessary.):*

Signature: _____ Date: _____

Revised June 2015

Print Form