

**UNIVERSITY OF UTAH**  
***Division of Human Resources***  
**STAFF EMPLOYEE APPEAL FORM**

This form is for staff employees of the University of Utah to initiate the formal staff appeal process (Step II or Step III). Staff employees appealing an involuntary separation shall select one of the Step III appeals. For actions other than involuntary terminations, employees pursuing an appeal should attempt to resolve the appeal informally (Step I) as outlined in Policy and Procedure 5-203, *Staff Employee Appeals (Policy 5-203)*. If no resolution is reached, this completed form may be submitted to the Division of Human Resources, Employee Relations Department (801-581-5469 or fax 801-581-8462) located at 250 E. 200 S. 16<sup>th</sup> Floor, Salt Lake City, UT 84111.

**NOTE :**

- *Strict time parameters apply to this process, appeal requests not filed timely will be dismissed.*
- *Policy 5-203 does **not** allow for review of alleged illegal discrimination or sexual harassment. Such complaints must be filed with the Office of Equal Opportunity and Affirmative Action (OEO/AA), located in Room 135 of the Park Building, 801-581-8365.*
- *Staff appeals seeking remedy or redress outside the purview of a higher-level reviewer or an appeals committee hearing process will be dismissed.*

**(please print)**

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

Job Title: \_\_\_\_\_ Dept: \_\_\_\_\_

Name/Title of Immediate Supervisor: \_\_\_\_\_

- Step II Circle the ACTION being grieved: Written Warning \* Final Written Warning \* Suspension \* Demotion  
 Date of Step I discussion with supervisor \_\_\_\_\_

Final Decision in any Step III appeal (for loss of job) will be made by a cognizant vice president after reviewing a recommendation by: SELECT ONE Step III option below. If no selection is made, the process defaults to a higher-level manager review. Once a selection is made, it may not be reversed:

- Step III higher level manager, not involved in the decision to take action or the level of the action (typically at least 3 weeks)  
OR  
 Step III hearing by committee (typically at least 6 weeks)

Statement of appeal (attach pages as needed): \_\_\_\_\_

Statement of remedy or redress sought (attach pages as needed): \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Complete Home Mailing Address: \_\_\_\_\_

Date of Receipt: \_\_\_\_\_ (HR)