

Town of Herman, Shawano County, Grievance Decision Form

Name of Employee: _____
Job Title: _____

Decision: (Attach additional pages if necessary)

Additional sheets attached

Date Employee Grievance or Request for Hearing/Appeal Received: _____

Date of Meeting or Hearing: _____

Date of Decision: _____

Grievance Level (check one): (Step 1) Meeting with Town Board Representative
(Step 2) Request for Impartial Hearing
(Step 3) Appeal to Town Board

Date Employee Provided Copy of this Decision: _____

Delivery method: _____ (U.S. mail, hand delivered, etc.)

Employer or Hearing Officer Signature (title)

The employee may request an appeal to the impartial hearing officer by filing a written request with the town clerk within 10 days of receiving the supervisor's written response. Within 10 days of receipt of the impartial hearing officer's decision, the non-prevailing party may file a written request for an appeal to the town board with the town clerk.

*****A copy of this completed form must be provided to the town clerk for record keeping purposes.**