



Regional One Health

PERSONNEL ACTION REVIEW REQUEST FORM

EMPLOYEE NAME: _____ EMPLOYEE #: _____

PHONE: _____ EMERGENCY PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____

POSITION: _____ DEPARTMENT: _____

SUPERVISOR: _____

PROBLEM/COMPLAINT: _____

DATE OF PROBLEM/COMPLAINT: _____

WHICH POLICY/PROCEDURE WAS VIOLATED: _____

REMEDY/OUTCOME REQUESTED: _____

EMPLOYEE'S SIGNATURE: _____ DATE: _____

STEP 1	<i>THE EMPLOYEE SHOULD GIVE THIS FORM TO HIS/HER SUPERVISOR/MANAGER WITHIN TWO WEEKS OF THE PERSONNEL ACTION THAT CREATED THE PROBLEM/COMPLAINT. (YOU MAY SKIP THIS STEP FOR SUSPENSIONS OR TERMINATIONS)</i>
---------------	---

**** SUPERVISOR HAS ONE (1) WEEK TO INVESTIGATE AND RESPOND TO EMPLOYEE**

EMPLOYEE'S REQUEST: GRANTED DENIED GRANTED - IN PART

ACTION TAKEN: _____

REASON FOR ACTION: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

STEP 2	<i>AN EMPLOYEE WHO DISAGREES SHOULD FILL OUT THE INFORMATION BELOW AND SUBMIT IT TO HIS/HER DIRECTOR WITHIN ONE (1) WEEK OF RECEIVING STEP 1 RESPONSE. EMPLOYEE IS ENTITLED TO ASSISTANCE FROM ANOTHER EMPLOYEE AT THIS STEP. (YOU MAY SKIP THIS STEP FOR TERMINATIONS)</i>
---------------	---

I WISH TO HAVE THIS ACTION REVIEWED AT **STEP 2** BECAUSE: _____

EMPLOYEE'S SIGNATURE: _____ **DATE:** _____

DIRECTOR HAS ONE (1) WEEK TO INVESTIGATE AND RESPOND TO COMPLAINT. DIRECTOR IS ENCOURAGED TO MEET WITH EMPLOYEE AND DISCUSS A RESOLUTION.

EMPLOYEE'S REQUEST: **GRANTED** **DENIED** **GRANTED – IN PART**

ACTION TAKEN: _____

REASON FOR ACTION: _____

DIRECTOR'S SIGNATURE: _____ **DATE:** _____

STEP 3	<i>AN EMPLOYEE WHO DISAGREES WITH THE STEP 2 RESPONSE HAS ONE (1) WEEK, AFTER RECEIVING THE RESPONSE, TO SUBMIT THE INFORMATION BELOW TO THE DIRECTOR OF EMPLOYEE RELATIONS. EMPLOYEE IS ENTITLED TO ASSISTANCE FROM ANOTHER EMPLOYEE AT THIS STEP.</i>
---------------	---

I WISH TO HAVE THIS ACTION REVIEWED BY THE PERSONNEL ACTION REVIEW COMMITTEE (PARC) BECAUSE:

I UNDERSTAND THAT ISSUES INVOLVING PERFORMANCE EVALUATIONS, SALARY INCREASES, MATTERS RELATED TO COMPENSATION/BENEFITS PROGRAMS, AND DECISIONS CONCERNING THE HIRING OR PROMOTION OF EMPLOYEES ARE OUTSIDE OF THE HEARING AUTHORITY OF REGIONAL ONE HEALTH'S PERSONNEL ACTION REVIEW COMMITTEE.

I ALSO UNDERSTAND THAT I MAY SELECT A REPRESENTATIVE OF MY OWN CHOSING TO ASSIST ME AT THE PARC MEETING, OR I MAY REQUEST THE ASSISTANCE OF EMPLOYEE RELATIONS IN SELECTING A REPRESENTATIVE. I FURTHER UNDERSTAND THAT MY REPRESENTATIVE MUST BE AN EMPLOYEE OF REGIONAL ONE HEALTH.

I WOULD LIKE EMPLOYEE RELATIONS TO HELP ME FIND AN EMPLOYEE REPRESENTATIVE.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

REPRESENTATIVE SIGNATURE: _____ **DATE:** _____