

ADR # _____

I. Dispute

Full Name of Grievant:		Job Title/Position Sought:	
Department: <input type="checkbox"/> Check this box if you are an applicant seeking employment with Dauphin County Human Services and are appealing non-selection. NOTE: Requests for appeal must be submitted to the Department of Human Resources within ten (10) business days of notification.			
Home Address:		Work Telephone No. () - ext. Work E-mail Address:	Home Telephone No. () - ext. Home E-mail Address:
Date Incident Occurred:		Witnesses:	
The issues are (use attachments if necessary): 			
The facts supporting this are (use attachments if necessary): 			
The remedy I want is (use attachments if necessary): 			
Date:	Signature of Grievant:		
Requests for ADR must be presented to the immediate supervisor within ten (10) business days. If the dispute alleges discrimination or retaliation by the immediate supervisor, the ADR request may be submitted directly at the second step. The <u>ALTERNATIVE DISPUTE RESOLUTION Policy and Procedures</u> contain complete instructions.			
<input type="checkbox"/> Pursuant to the ALTERNATIVE DISPUTE RESOLUTION Procedure, I hereby waive my right to proceed through ADR Steps One through Four and opt instead to proceed directly to panel review described in the fifth step. NOTE: Requests for direct appeal to Step Five must accompany this form in writing and be presented to the Department of Human Resources within ten (10) business days.			

II. Step One - Immediate Supervisor

Date Received:		
Response (use attachments if necessary):		
Date:	Step One Respondent's Signature:	Telephone No.: () - ext.
Date Received: _____		
Grievant's response (check one):		
<input type="checkbox"/> I accept the Step One response and am returning the ADR Request to the Department of Human Resources.		
<input type="checkbox"/> I advance my ADR request to Step Two.		
Grievant's reasons for further appeal (use attachments if necessary):		
Date:	Grievant's Signature:	
NOTE: <i>The Grievant is responsible for having the ADR Request delivered to the proper person or office and within the appropriate timeframe.</i>		

III. Step Two - Department Head

Date Received:		
Response (use attachments if necessary):		
Date:	Step Two Respondent's Signature:	Telephone No.: () - ext.
Date Received: _____ Grievant's response (check one): <input type="checkbox"/> I accept the Step Two response and am returning the ADR Request to the Department of Human Resources. <input type="checkbox"/> I advance my ADR request to Step Three.		
Grievant's reasons for further appeal (use attachments if necessary):		
Date:	Grievant's Signature:	
NOTE: The Grievant is responsible for having the ADR Request delivered to the proper person or office and within the appropriate timeframe.		

IV. Step Three - Director of Human Resources

Date Received:		
Response (use attachments if necessary):		
Date:	Step Three Respondent's Signature:	Telephone No.: () - ext.
Date Received: _____		
Grievant's response (check one): <input type="checkbox"/> I accept the Step Three response and am returning the ADR Request to the Department of Human Resources. <input type="checkbox"/> I advance my ADR request to the Step Four.		
Grievant's reasons for further appeal (use attachments if necessary):		
Date:	Grievant's Signature:	
NOTE: The Grievant is responsible for having the ADR Request delivered to the proper person or office and within the appropriate timeframe.		

V. Step Four - Chief Clerk/Chief of Staff or Deputy Chief Clerk/Deputy Chief of Staff

Date Received:		
Response (use attachments if necessary):		
Date:	Chief Clerk/Chief of Staff or Deputy Chief Clerk/Deputy Chief of Staff Signature:	Telephone No.: () - ext.
Date Received: _____		
Grievant's response (check one):		
<input type="checkbox"/> I accept the Step Four response and am returning the ADR request to the Department of Human Resources. <input type="checkbox"/> I advance my ADR request to Step Five.		
Grievant's reasons for further appeal (Use attachments if necessary):		
Date:	Grievant's Signature:	

VI. Step Five - Panel Review

Date Received:		
Response (use attachments if necessary):		
Date:	Chief Clerk/Chief of Staff or Deputy Chief Clerk/Deputy Chief of Staff Signature:	Telephone No.: () - ext.
Date Received: _____		
Grievant's response (check one):		
<input type="checkbox"/> I accept the Step Five response and am returning the ADR request to the Department of Human Resources.		
Grievant's reasons for further appeal (Use attachments if necessary):		
Date:	Grievant's Signature:	

