

Appendix EE
College of Micronesia-FSM
Office of Human Resources

ACKNOWLEDGMENT FORM – GRIEVANCE

Direction: Read this form carefully and then complete each section by checking the appropriate box (es), initial after each line as indicated in each section, sign and return the form to Human Resources Office within 48 hours from date of receipt.

Section A. Appointment of Committee Member

I have been appointed to serve on the grievance committee by:

- President
- Employee Grieving/ employee legal representative
- Two members of the grievance committee

Section B. Acknowledgement of Requirements

Complete the section only if you agree to serve on the grievance committee. Read each line, then initial at the end of each sentence to confirm agreement and/or understanding.

I acknowledged that I have read the Board Policy No. 6021 and its procedures and understand my role in the proceedings. _____

I acknowledged and confirmed that I am required to protect the confidentiality of the proceedings; the whole process is confidential including printed materials that will be given to me for the hearing. _____

I confirmed understanding of the proceedings and ability to draft written findings in English and including printed documents that will be presented to the committee for the grievance hearing. _____

I confirmed willingness to serve on the grievance committee and comply with Board Policy No. 6021 and its procedures to ensure fair and timeliness of the process. _____

I confirmed that my participation in the hearing process is not conflicting with Board policy No. 6024 *Nepotism*. _____

Section C. Signature

Print, date and sign on the three blanks provided below. Then you provide the signed form to Human Resources Office within 48 hours of receipt of this form and the notice of appointment to the grievance committee.

My signature below further confirms my understanding of my role as a member of the grievance committee prescribed in the policy and its procedures and specific requirements above.

Name of Employee [print]: _____ Signature Date: _____

Signature: _____

Section D. I Decline to Serve on the Committee

Complete this section only if you decline an appointment to serve on this committee and check the appropriate box for the reason (s) for the decision. Your decision not to serve on this committee will not affect your employment. Return this form to HRO within 48 hours from date of receipt.

My appointment is in conflict with Board Policy No. 6024 *Nepotism*, I am related to aggrieved employee.

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My appointment is in conflict with Board Policy No. 6024 Nepotism, I am related to the staff/faculty the aggrieved employee is grieving against.

I do not want to serve on this committee.

Name of Employee [print]: _____ Signature Date: _____

Signature: _____

HR Section

Date Form is received at HRO: _____ Staff Initial: _____