



Department of Human Resources  
 3640 Colonel Glenn Hwy  
 115 Medical Sciences Bldg.  
 Dayton, OH 45435-0001  
 (937) 775-2120

## Request for Formal Dispute Resolution

A request for Formal Dispute Resolution is appropriate when an employee has not been satisfied with the results of an Informal Dispute Resolution, or if the employee believes the issue cannot be discussed with his/her immediate supervisor. This procedure is limited to complaints alleging that an employee has been or is being adversely affected by an improper application or interpretation of university rules, regulations, policies or procedures. For permanent classified employees, it may also be used to resolve complaints regarding disciplinary suspensions that cannot be appealed to the State Personnel Board of Review (SPBR).

***Complete, print and submit this form to your next level of management (AVP, VP, Dean or Director).***

Date \_\_\_\_\_ Employee Name \_\_\_\_\_ UID: \_\_\_\_\_

College/Dept: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Date of Occurrence for Issue Under Dispute: \_\_\_\_\_

CHECK ALL THAT APPLY

I have been adversely affected by an improper application or interpretation of University rules, regulations, policies or procedures.	I have attempted to resolve this matter through Informal Dispute Resolution.	<b>CLASSIFIED EMPLOYEES ONLY:</b> This matter involves a disciplinary suspension that cannot be appealed to the State Personnel Board of Review.
	I have discussed this matter with my immediate supervisor.	

***Please attach additional page(s), if more space is needed.***

Tell us about your dispute:	
Your Requested Resolution?	



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I certify that the facts I have presented in this Formal Dispute Resolution are accurate:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

This form must be submitted to your next level of management (AVP, VP, Dean, Director) within ten (10) workdays of the outcome of Informal Dispute Resolution (Reviewing manager's report or the date of the event that caused the complaint). Your **next level of management will schedule a formal meeting within ten (10) workdays of receipt of this request.**

**To be completed by the Next Level Manager**

Date Submitted to Next Level Manager: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Meeting with Next Level Manager: \_\_\_\_\_

**A written response will be provided to the employee and a copy forwarded to the Department of Human Resources within ten (10) workdays of the meeting with the Next Level Manager.**

**Employee's Response to Decision of Next Level Manager**

Check One

- I accept the resolution of the Next Level Manager.
- I decline the resolution of the Next Level Manager, and would like to refer the matter to the Provost for resolution. This request is based upon the following new information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The employee must submit this written request for reconsideration to the Provost **within five (5) workdays of delivery of the resolution from the Next Level Manager.**

**Provost's Response to Decision of Next Level Manager**

*Note: The Decision of the Provost is final.*

Check One

- See attached resolution.
- I concur with the decision of the Next Level Manager.

\_\_\_\_\_  
Provost's Signature

\_\_\_\_\_  
Date