

**SOWELA Technical Community College
SUPERVISOR RESPONSE**

FORM 229

DO NOT USE THIS FORM IF YOU HAVE BEEN TERMINATED. Please type or print using a ball point pen.

Employee Name:

Job Title:

Supervisor's Name:

Position:

I have read my supervisor's response to my complaint and I understand that if I wish to further appeal my complaint I have five (5) working days from this response to submit the grievance to the next step in the procedure. Grievances not appealed in a timely manner are considered settled at the previous level. I UNDERSTAND THAT ALL GRIEVANCES COMPLAINING OF A TERMINATION ARE AUTOMATICALLY DENIED AT THE TIME OF FILING.

Date: ____/____/____ Employee Signature: _____

•Supervisor returns original to employee

•Supervisor retains copy for file

Supervisor's Response To Employee Complaint: DO NOT USE THIS FORM IF THE GRIEVANCE INVOLVES A TERMINATION. GRIEVANCES CONCERNING TERMINATIONS ARE AUTOMATICALLY DENIED AT TIME OF FILING.

Date: ____/____/____ Signature: _____

Once you have completed this form, please return to the employee and have the Employee Sign the acknowledgement below:

Please sign below to verify you have received a copy of Form 229 Employee Acknowledgement of Grievance Form signed by your supervisor.

Employee's Signature

Date