ADR # _____

I. Dispute							
Full Name of Grievant:		Job Title/Positi	ion Sought:				
Department:							
Check this box if you are	e an applicant seeking	employment wit	th Dauphin County Huma	an Services and are appealing non-			
selection.							
NOTE: Requests for appea	al must be submitted	to the Departme	ent of Human Resources	within ten (10) business days of			
notification.		-	-				
Home Address:		Work Telephone No. Home Telephone No.					
		() - ext. () - ext.					
		Work E-mail A	ddress:	Home E-mail Address:			
Date Incident Occurred:			Witnesses:				
The issues are (use attach	ments if necessary):						
	,,,						
The facts comporting this	are luca attachmente	if naccorry ly					
The facts supporting this	are (use attachments	in necessary):					
The remedy I want is (use	e attachments if neces	sary):					
Date:	Signature of Grieva	nt:					
Requests for ADR must be	e presented to the imi	mediate supervis	sor within ten (10) busin	ess days. If the dispute alleges			
	•	•		mitted directly at the second step. The			
ALTERNATIVE DISPUTE RE		-					
			-	nt to proceed through ADR Steps One			
through Four and opt instead to proceed directly to panel review described in the fifth step. NOTE: <i>Requests for direct appeal</i> to Step Five must accompany this form in writing and be presented to the Department of Human Resources within ten (10)							
business days.	any uns jorni in Writh	ng unu be preser	nieu to the Depurtment	oj namun resources within ten (10)			
busiliess uuys.							

I. Dispute

II. Step One - Immediate Supervisor

			minculati			
Date Received:						
Response (use attack	hments if necessary):					
Date:	Step One Respondent's				Telephone No.: () -	ext.
	Signature:				()	CALL.
Date Received:						
Grievant's s response	e (check one):					
	One response and am re	turning the ADF	R Request to the Dep	partment	of Human Resources.	
	request to Step Two.					
Grievant's reasons fo	or further appeal (use a	ttachments if ne	ecessary):			
Data:		Grievent's Si-	aturo:			
Date:		Grievant's Sigr	lature:			
	is responsible for having	g the ADR Reque	est delivered to the p	oroper pe	erson or office and with	in the appropriate
timeframe.						

III. Step Two - Department Head						
Date Received:						
Response (use attac	hments if necessary):					
Date:	Step Two		Telephone No.:			
Date.	Respondent's		() -	ext.		
	Signature:					
Date Received:						
Grievant's response						
	Γwo response and am request to Step Three	returning the ADR Request to the Departr	nent of Human Resources.			
		e attachments if necessary):				
Date:		Grievant's Signature:				
NOTE: The Grievant	is responsible for hav	ing the ADR Request delivered to the prop	er person or office and with	hin the		
appropriate timefra						

III Ston Two Donartmont Hand

esponse (use a	attachments if necessary	v):			
• •		,,			
ate:	Step Three		T	Felephone No.:	
ate.	Respondent's				ext.
	Signature:		`		
Date Received:					
riovant's rosp	onse (check one):				
		d am returning the ADR Reques	t to the Denartm	ent of Human Resou	irces
	ADR request to the Ste		t to the Departin	ent of Human Resol	nees.
		use attachments if necessary):			
I advance my	uns ion functier appear (
I advance my					
I advance my					
I advance my					
I advance my					
I advance my					
I advance my					
I advance my					
I advance my					
I advance my					
I advance my					
I advance my					
I advance my					
I advance my		Grievant's Signature:			
I advance my		Grievant's Signature:			

tor of Hu

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

Date Received:							
Response (use attachmen	ts if necessary):						
Date:	Chief Clerk/Ch	nief of Staff		Teleph	one No		
Bute.	or Deputy Chi	ef Clerk/Deputy Chief of S		(-	ext.
	Signature:						
Date Received:							
Grievant's response (choc	konoli						
Grievant's response (chec I accept the Step Four re	esponse and am		t to the Depar	tment o	of Huma	an Resou	rces.
 I accept the Step Four re I advance my ADR request 	esponse and am est to Step Five.			tment o	of Huma	an Resou	rces.
I accept the Step Four re	esponse and am est to Step Five.			tment o	of Huma	an Resou	rces.
 I accept the Step Four re I advance my ADR request 	esponse and am est to Step Five.			tment o	of Huma	an Resou	rces.
 I accept the Step Four re I advance my ADR request 	esponse and am est to Step Five.			tment o	of Huma	an Resou	rces.
 I accept the Step Four re I advance my ADR request 	esponse and am est to Step Five.			tment o	of Huma	an Resou	rces.
 I accept the Step Four re I advance my ADR request 	esponse and am est to Step Five.			tment o	of Huma	an Resou	rces.
 I accept the Step Four re I advance my ADR request 	esponse and am est to Step Five.			tment o	of Huma	an Resou	rces.
 I accept the Step Four re I advance my ADR request 	esponse and am est to Step Five.			tment o	of Huma	an Resou	rces.
 I accept the Step Four re I advance my ADR request 	esponse and am est to Step Five.			tment o	of Huma	an Resou	rces.

VI. Step Five - Panel Review						
Date Received:		•				
Response (use attachmen	ts if necessary):					
Date:	Chief Clerk/Ch or Deputy Chie Signature:	nief of Staff ef Clerk/Deputy Chief of Staff	Telephon ()	e No.: -	ext.	
Date Received: Grievant's response (chec □ I accept the Step Five re		returning the ADR request to th	e Department of H	luman Resourd	ces.	
		e attachments if necessary):				
Date:		Grievant's Signature:				
Butt.		Shevant 3 Signature.				