This checklist is provided to assist supervisors in responding to a grievance and must be completed by the supervisor responding to the grievance. Grievances are appeals concerning the **employee’s wages, hours of work, or conditions of work including disciplinary actions and terminations.**

Since this checklist can be used for all types of grievances, certain questions on the checklist might not be applicable to the particular grievance filed. In these instances, “N/A” can be entered as a response to the checklist question. In all other cases, a response must be entered for the checklist question. You may contact Human Resources regarding questions concerning the checklist or grievance process.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Was the grievance filed within the deadline required by policy in [UPPS 04.04.41](http://policies.txstate.edu/university-policies/04-04-41.html)? | | | | | | | | | |
| Yes  No | | | | | | | | | |
| 1. Have you thoroughly reviewed [UPPS 04.04.40](http://policies.txstate.edu/university-policies/04-04-40.html) regarding the disciplinary action which is the basis of the grievance? | | | | | | | | | |
| Yes  No  NA | | | | | | | | | |
| 1. Have you considered addressing the problem through contacting Human Resources about [Mediation Services](http://www.hr.txstate.edu/mediation.html)? | | | | | | | | | |
| Yes  No  NA | | | | | | | | | |
| 1. Have you thoroughly investigated and gathered documented facts about the issue raised by the employee? | | | | | | | | | |
| * 1. Did you talk with everyone who has first- hand information?   Yes  No  NA   * 1. Did you provide the employee with a chance to tell his or her side of the story?   Yes  No  NA   * 1. Did the employee’s version of events differ from your own or other witnesses?   Yes  No  NA | | | | | | | | | |
| 1. Are you handling the incident as privately and confidentially as possible (i.e. how do you know this)? | | | | | | | | | |
| Yes  No  NA | | | | | | | | | |
| 1. Does the employee understand the pertinent policy and/or office rules (how do you know this)? | | | | | | | | | |
| Yes  No  NA | | | | | | | | | |
| 1. Are the office rules/processes/procedures published? | | | | | | | | | |
| Yes  No  NA | | | | | | | | | |
| Does each employee have a copy? Yes  No  NA | | | | | | | | | |
| 1. Have the rules been communicated clearly to all employees? | | | | | | | | | |
| Yes  No  NA | | | | | | | | | |
| If so, When? | |  | | How? | | |  | | |
| 1. How long have the rules been in effect? | | | | | |  | | | |
| 1. Have the rules been consistently enforced? | | | | | | | | | |
| Yes  No  NA | | | | | | | | | |
| * 1. What has been done in similar cases? | | | | | | | | | |
| b. When others violated the rule, did you take the same action? | | | | | | | | | |
| Yes  No  NA | | | | | | | | | |
| If not, what did you do different? Why? | | | | | | | | | |
| 1. Does the employee feel they are being singled out (how do you know this)? | | | | | | | | | |
| Yes  No  NA | | | | | | | | | |
| 1. Were any previous warnings documented? | | | | | | | | | |
| Yes  No  NA | | | | | | | | | |
| If so, when? | |  | | | For what purpose? | | | |  |
| 1. What previous corrective action was taken with the employee? | | | | | | | | | |
| 1. Has the employee complained of harassment or unfair/unequal treatment? | | | | | | | | | |
| Yes  No  NA | | | | | | | | | |
| If so, when? | |  | | | For what reason? | | | |  |
| 1. Has the employee applied for or recently returned from FMLA or military leave? | | | | | | | | | |
| Yes  No  NA | | | | | | | | | |
| If so, when? | | |  | | | | | | |
| 1. Has the employee recently complained of departmental/university wrong doing or a safety issue? | | | | | | | | | |
| Yes  No  NA | | | | | | | | | |
| If so, what? |  | | | | | | | When? |  |
| 1. Have any verbal or written promises of continued employment or promotion been given to the employee by anyone? | | | | | | | | | |
| Yes  No  NA | | | | | | | | | |
| 1. Were any requested accommodations denied to the employee? | | | | | | | | | |
| Yes  No  NA | | | | | | | | | |
| 1. Have other employees been terminated or disciplined for a similar offense or for similar poor performance? | | | | | | | | | |
| Yes  No  NA | | | | | | | | | |
| 1. Is there any evidence of discrimination based on age, sex, race, religion, national origin, disability or any other legally protected characteristic? | | | | | | | | | |
| Yes  No  NA | | | | | | | | | |