

Appendix D

BAYFIELD COUNTY GRIEVANCE PROCEDURE APPEAL FORM

INSTRUCTIONS: This form is to be used by employees and/or the County to appeal the written decision of an Impartial Hearing Officer relating to discipline, termination or workplace safety under the Bayfield County grievance procedure. The form must be completed and filed with the Office of the County Administrator within five (5) working days of the date of the Impartial Hearing Officer's decision from which the appeal is being taken. Failure to file a written appeal within five (5) working days of the impartial hearing officer's decision will result in the waiver of the right to an appeal and the outcome of the proceedings before the hearing officer shall be final. You may only use the space provided on this form.

Name of Grievant: Job Title:	Work Phone: Home Phone:
Address:	DATE AND TIME RECEIVED <i>(for County use only)</i>
1. Decision From Which An Appeal Is Being Taken. Attach a copy of the impartial hearing officer's decision to this form. If you do not have a copy, provide the date of the decision, the name of the Impartial Hearing Officer and briefly describe the decision and order of the impartial hearing officer in the space below.	
2. Basis For Appeal. Describe why you believe the decision of the impartial hearing officer was incorrect.	

3. Remedy. Describe what you believe the impartial hearing officer should have ordered and why.

Signature of Appealing Party: _____

Date Signed: _____