

MCPR, 2001 APPENDIX R, DEPARTMENT RESPONSE TO COUNTY GRIEVANCE



Montgomery County, Office of Labor Relations

Department/Supervisor Grievance Response Form

You are required to complete this form because an employee you supervise has filed a grievance.
For more information about the County Grievance Procedure contact the Office of Labor Relations and review
Section 34 of the Montgomery County Personnel Regulations.

SUPERVISOR'S RESPONSE:

Date Received _____

Supervisor's Name and Signature _____ Date _____

RESOLVED: Yes ☐ No ☐ (If not resolved, employee has ten calendar days upon receipt of
response to appeal to next step.)

DEPARTMENT/AGENCY HEAD'S RESPONSE

Date Received _____

Department/Agency Head's Name and Signature _____ Date _____

Employee's Signature _____ Date _____

RESOLVED: Yes ☐ No ☐ (If not resolved, employee has ten calendar days upon receipt of
response to appeal to next step.)

OLR DIRECTOR'S RESPONSE:

Date Received _____

OLR Director's Signature _____ Date _____

Employee's Signature _____ Date _____

RESOLVED: Yes ☐ No ☐ (If not resolved, employee has ten calendar days upon receipt of
response to appeal to next step.)

CHIEF ADMINISTRATIVE OFFICER'S RESPONSE:

Date Received _____

Chief Administrative Officer's Signature _____ Date _____

RESOLVED: Yes ☐ No ☐

A grievance may be appealed to the Merit System Protection Board within 10 working days of receipt of the Chief Administrative Officer's response.