



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 Labor/Employee Relations Team on 240-777-5114, review Section 34 of the Montgomery County Personnel Regulations, or go to the following website: <http://www.montgomerycountymd.gov/content/ohr/ResourceLibrary/files/MCPR0134.pdf>.

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.)

OHR DIRECTOR'S RESPONSE: Date Received _____

OHR 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.