

NFA GRIEVANCE – ARTICLE 13

Instructions: This form must be filed with the TMCC Human Resources Office within five (5) working days of receiving the response from the evaluator or of receiving the response from the evaluator’s supervisor if Step 2 was requested by the faculty member.

Date Filed			
Last Name		First Name	
Title		Department	
Home Address			Phone
City		State	Zip

NATURE OF THE GRIEVANCE

Please provide a written statement clearly outlining the portions of the written evaluation they disagree with and the reasons for the disagreement.

Statement (attach additional pages as needed)

Grievant Signature	Date
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