

CBH UNCLASSIFIED SERVICE GRIEVANCE GROUP ROSTER

Unclassified employees are to refer to the Grievance Procedure for Unclassified Employees (Policy #1502) and Process for Review of Written Reprimands (Policy #1504) before completing this form.

By signing my name to this *CBH UNCLASSIFIED SERVICE GRIEVANCE GROUP ROSTER* Form, I understand that I will be considered a participant in a CBH group grievance. I have read the entire grievance on the attached *CBH UNCLASSIFIED SERVICE GRIEVANCE FORM* and agree with the information contained in the grievance.

Print Employee Name	Phone Number	Social Security #	Employee Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Spokesperson: (Please Print)

Phone #:

Spokesperson: (Please Print)

Phone #: