HUMAN RESOURCE SERVICES

Marshall University

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WAIVER OF GRIEVANCE DEADLINE FORM

This form is used to apply for a waiver of the deadline for conference, decision, or hearing under the statutory grievance process (West Virginia State Code Section 29-6A).

Name(s) of grievant(s) (print):				
If additional grievants, please print names on reverse side of this form.				
Date of this request:				
By my/our signature(s) below I/we agree to waive the statutory deadline within which a conference, decision, or				
hearing of my/our grievance pending at the level indicated below:				
Level I	Level II	Le	evel III	
Date on which the grievance was filed at the level checked above:				
In the case of multiple concurrent grievances filed by the same individual(s), please describe briefly on the reverse				
side of this form the issue raised in the grievance for which a waiver of deadline is requested.				
I/we agree to waive the timeline requirement as indicated by my/our checkmark below:				
[] I/we agree to waive the timeline for conference, decision, or hearing at the level checked above until not later than (date):				
[] I/we agree to waive the deadline for conference, decision, or hearing at the level checked above for an indefinite				
period of time until I/we specifically revoke it in writing. I/we understand that upon my/our written revocation of this waiver of deadline I/we will provide the University not less than five working day in which to provide the decision for				
level checked above, such days to count from the date that the written revocation is received in the Human Resource				
Office.				
Agreed to as indicated by signatures below. Waiver of the deadline for decision at Level I, II, or III must be accepted				
by both the grievant(s) and the respondent/University.				
Grievant(s) signature(s):	Respo	Respondent/University signature(s)		
Signature:	Signat	Signature:		
Date:	Date:	Date:		
Signature:	Signat	Signature:		
Date:	Date:	Date:		
If additional grievants, please write signatures on reverse side of form.				
HUMAN RESOURCE SERVICES USE ONLY: Indicate grievance number as assigned in HRIS.				

DISTRIBUTION: Original – HR Services, 1 cy each grievant, 1 cy respondent c:\forms\grievwaiverform1