## **HUMAN RESOURCE SERVICES**

Marshall University
207 Old Main, One John Marshall Drive, Huntington, West Virginia 25755
Phone 304.696.3983, FAX 304.696.6844, E-Mail human-resources@marshall.edu

## 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 Level 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): Respondent/University signature(s) Signature: Signature: Date: Date: Signature: Signature:

Date:

If additional grievants, please write signatures on reverse side of form.

Date:

**HUMAN RESOURCE SERVICES USE ONLY:** Indicate grievance number as assigned in HRIS.