

For Human Resource Use Only
Date Request Submitted to Human Resource Office: _____
Received By: _____

Community Colleges of Colorado Dispute Resolution Form
(Effective 7-1-01)

CLASSIFIED EMPLOYEE DISPUTE RESOLUTION FORM

This form must be completed and returned to the Human Resource Office within five (5) days of the initial meeting with the Supervisor concerning the issue in dispute.

Name: _____ SSN: _____
Department: _____ Work Phone #: _____
Work Address: _____
E-Mail: _____ Fax #: _____

REASON FOR REQUEST: (Please check the issue which is in dispute.)

- Individual Performance Plan or Lack Thereof**
 - ✓ Attach a copy of the performance plan (if available) and a brief statement of the facts.

- Individual Final Performance Evaluation or Lack Thereof**
 - ✓ Attach a copy of the performance plan, the rating, and a brief statement of the issues and supporting facts.

- Non-Compliance With the College's Plan**
 - ✓ Attach a copy of the performance plan and/or rating and a brief statement of the plan, policy or process that was misapplied. Include any supporting facts.

- Partial or Non-Payment of a Salary Adjustment**
 - ✓ Attach a copy of the notice of salary adjustment, record of payments, and a brief statement of explanation and supporting facts.

What is your desired outcome? _____

Employee Signature

Date