



JOHNSON COUNTY GOVERNMENT DISPUTE RESOLUTION FORM INSTRUCTIONS

I. UNJUST DISCIPLINE OR UNFAIR WORKING CONDITIONS

If you believe that you have been subjected to **unjust discipline** (other than suspension without pay, demotion or reclassification with a reduction in pay, or termination of employment) or **unfair working conditions** and have been unable to resolve the matter through informal discussions with your immediate supervisor, your next step is to request a review of the action.

To begin the process, complete the **Employee Section** of the **Dispute Resolution Form (DRF)** and provide as much relevant information relating to the disputed action as possible. The DRF must be submitted to your division head within five (5) business days of the incident.

- A. If you are unable to satisfactorily resolve the issue of **unjust discipline or unfair working conditions** with the division head, you may submit a written request to the Department/Agency Leader to review the incident. Notice to the Department/Agency Leader must be submitted within five (5) business days after receiving the division head's written response.

The decision of the Department/Agency Leader is final.

- B. If you are disputing unjust discipline or unfair working conditions whose action **originated with the department/agency leader**, you may file a DRF requesting an administrative review by the County Manager. You must submit written notice (DRF) to the department/agency director within five (5) days of the incident. The Department of Human Resources (HR) will facilitate the review process and schedule a meeting with the County Manager.

The County Manager may uphold, modify or reverse the department/agency's action. The decision of the County Manager is final.

HR may extend the time limits for this process for good cause at any time.

II. SUSPENSION WITHOUT PAY, DEMOTION OR RECLASSIFICATION WITH A REDUCTION IN PAY, OR TERMINATION OF EMPLOYMENT

If you believe that you have been unfairly **suspended without pay, demoted or reclassified with a reduction in pay, or terminated from employment**, you may request a review of the action.

To begin the process, complete the **Employee Section** of the **Dispute Resolution Form (DRF)** and provide as much relevant information relating to the disputed action as possible. The DRF must be submitted to the Department/Agency Leader within five (5) business days of the incident.

- A. If the disputed action is **suspension without pay or a reduction in pay due to demotion or reclassification**, the Department/Agency Leader shall review the occurrence and may act to resolve the issue at the department/agency level. A review and decision must be provided by the department/agency director within ten (10) days of receipt of the DRF.

If you are not satisfied with the Department/Agency Leader's decision, you may request in writing an Administrative Review of the action by checking the appropriate box on the DRF. The department/agency must immediately notify the Department of Human Resources (HR) of your request. HR will facilitate the Administrative Review Process within ten (10) days of receipt of your written request for review.



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The Administrative Panel may uphold, modify, or reverse the department/agency's action. The decision of the Administrative Review Panel is final.

- B.** If the disputed action is **termination of employment**, you may request that an Administrative Review Panel review the adverse action. The department/agency must immediately notify the Department of Human Resources (HR) of your request. HR will facilitate the Administrative Review Process within ten (10) days of receipt of your written request for review.

The Administrative Panel may uphold, modify, or reverse the department/agency's action. The decision of the Administrative Review Panel is final.

HR may extend the time limits for this process for good cause at any time.

For additional information on the dispute resolution process or assistance in completing this form, please contact the Department of Human Resources.



**JOHNSON COUNTY GOVERNMENT
DISPUTE RESOLUTION FORM
Policy 413 Dispute Resolution**

I. EMPLOYEE SECTION: (Please check the box describing the action you are disputing.)

- | | |
|--|---|
| <input type="checkbox"/> Unfair Working Conditions | <input type="checkbox"/> Suspension without Pay |
| <input type="checkbox"/> Unjust Discipline | <input type="checkbox"/> Demotion or Reclassification with Reduction in Pay |
| | <input type="checkbox"/> Termination of Employment |

If you checked “Unfair Working Conditions” or “Unjust Discipline”, deliver the completed form to your Division Head if he/she was not involved in the disputed decision. If your Division Head was involved in the disputed action, or if you checked “Suspension without Pay”, Demotion or Reclassification with Reduction in Pay, or “Termination of Employment”, deliver the completed form to your Department/Agency Leader.

A. Dispute Information:

1. Date You Became Aware of the Matter: (completed form should be delivered within five (5) business days to your Division Head)
2. Please State Your Complaint: (attach separate page(s) if needed)

3. Please List Others Who Might Provide Additional Information:

4. What Remedy Do You Seek?

5. Employee’s Signature: _____ Date: _____



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II. DIVISION HEAD'S SECTION:

A. Dispute Resolution Form Received By: _____
Signature Date

B. Meeting to Discuss Complaint Held on: _____

C. Division Head's Written Response to Complaint: (attach separate page(s) if needed)

D. _____
Division Head's Signature Date
(Meeting should be held within five (5) business days of receiving the completed form and a reply given to the employee within three (3) business days thereafter.)

E. Employee Satisfied with Response: Yes No, Refer to Department/Agency Leader for review.

Employee's Signature Date

III. DEPARTMENT/AGENCY LEADER'S SECTION:

A. Dispute Resolution Form Received By: _____
Signature Date

B. Meeting to Discuss Complaint Held on: _____

C. Department/Agency Leader's Written Response to Complaint: (attach separate page(s) if needed)

D. _____
Department/Agency Leader's Signature Date
(A meeting should be held within five (5) business days of receiving the form and a reply given to the employee within three (3) business days thereafter. Decision of the Department/Agency Leader is final except as provided in the instructions.)

E. Employee Satisfied with Response: Yes No

F. Department/Agency Leader's Signature Date