



## ELECTED OFFICIAL/DEPARTMENT HEAD RESPONSE

**SECTION II – ELECTED OFFICIAL DEPARTMENT HEAD REVIEW:** The Elected Official/Department Head meets with the employee to discuss the grievance; gathers information; enters a response below and meets with the employee to discuss the response – all generally within 14 calendar days after the Elected Official/Department Head receives a copy of the employee’s grievance statement from the Commission Secretary. The Elected Official/Department Head records his or her response to the employee’s grievance below and return the signed form to the Commission Secretary.

<i>Name and Address of Elected Official/Department Head</i>	<i>Date Grievance Received from Commission Secretary</i>	<i>Date of EO's/Dept Head's Review Decision</i>
<i>Name and Address of Elected Official/ Dept. Head Representative (if applicable)</i>	<i>Telephone Number Office: Cell: Fax:</i>	

**SUMMARY OF ELECTED OFFICIAL’S/DEPARTMENT HEAD’S RESPONSE:** (Use extra sheets of paper if necessary to fully explain your decision).

\_\_\_\_\_  
 Signature – Elected Official/Department Head                      Date

## EMPLOYEE RESPONSE TO SECTION II

**SECTION II (CONTINUED) EMPLOYEE RESPONSE:** The employee either accepts or appeals the response of the Elected Official/Department Head by checking the appropriate box, signing this form, and returning the original of this form to the Commission Secretary within the earlier of: (i) seven (7) calendar days of the employee's receipt, or (ii) ten (10) calendar days of the deposit in the mail, by CERTIFIED MAIL, RETURN RECEIPT REQUESTED; of the Elected Official's/ Department Head's decision from the Commission Secretary. Failure to return the completed form is presumed to be an acceptance of the Elected Official's / Department Head's decision.

**I accept the response.**

**I appeal the response.**

**PLEASE LIST IN THE COMMENTS ANY SPECIAL ACCOMODATIONS YOU REQUIRE IF A HEARING IS GRANTED, SUCH AS AN INTERPRETER.**

**COMMENTS:** (Use extra sheets of paper if necessary to fully explain your comments.)

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Signature – Employee

Date