Attachment

SHSU FACULTY GRIEVANCE FORM

Texas State University System Rules and Regulations Chapter 5, § 4.4

NAME OF GRIEVANT:

DATE SUBMITTED:

DEPARTMENT/SCHOOL:

COLLEGE:

RANK:

GRIEVANCE IS AGAINST (check only one and provide any additional explanation below):

☐ _____ _____
Name of Individual Title of Individual

☐ Sam Houston State University: Tenure and Promotion Related Grievances are against the Institution

ACTION BEING GRIEVED (check one):

☐ Non-renewal ☐ Denial of Tenure Application ☐ Other Termination of Employment

DATE OF ACTION: _____
*Must be submitted with 30 business days of action giving rise to grievance.

GROUNDS – describe the right guaranteed by the U.S. or State Constitution or other law that was violated in the employment action grieved:

FACTS RELEVANT TO THE GRIEVANCE:

RELIEF SOUGHT:

_____
SIGNATURE

To initiate a grievance, this form and any supporting documents must be taken in person to the President's Office.