

Date of Review with Supervisor:

Attempted Resolutions by Supervisor:

Employee Accepted: Yes No

Employee Signature:

Date:

Supervisor's Signature:

Date:

Department Head Receipt:

Date:

Date of Review with Department Head:

Attempted Resolutions by Department Head:

Employee Accepted: Yes No

Employee Signature:

Date:

Department Head Signature:

Date:

Human Resources Receipt:

Date:

Date of Review by City Manager:

Resolution by City Manager:

City Manager Signature:

Date: