POST-HEARING GRIEVANCE HEARING DECISION
G-STEP 5

(Must be served upon Grievant within 10 working days after hearing)

DATE OF HEARING:	**EMPLOYEE:**
OFFICE/DEPT:	**AGENCY HEAD:**

GRIEVANT'S CLAIM/PROBLEM:_____

_____

_____

***** FINAL DECISION *****
********** **THIS DECISION IS FINAL** **********

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(Signature of Hearing Agency Head) ***DATE***

SERVICE UPON GRIEVANT: (1) PERSONALLY [ ] BY ME [ ] PROCESS SERVER
(2) REGISTERED MAIL TO LAST KNOWN ADDRESS [ ]

A COPY OF THIS DECISION SHALL BE FILED WITH THE HUMAN RESOURCES DIRECTOR

P:\Rules&Regs\Grievance Forms\Gstep5.wpd