

PCCLD PROBLEM-SOLVING PROCEDURE

Review and Decision

To: _____ Title: _____

From: _____ Title: _____

Date: _____

Subject: Request for Review Received On: _____
Date Tracking No., assigned by HR Dept

UNDERSTANDING OF THE PROBLEM:

ACTIONS, CONSIDERATIONS AND FINDINGS:

DECISION: _____

Submitted By:

Received By:

Supervisor's Signature Date

Employee's Signature Date

Employees have 7 calendar days to accept or appeal this decision. Should an appeal or acceptance not be received within this timeframe, the problem-solving procedure is terminated on this matter.

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I am satisfied with this response and do not elect to appeal the matter.

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I elect to appeal this matter to the next level of review. My Request for Review/Appeal is attached.

ORIGINAL: To PCCLD Leadership Member for Review and Response - SIGNED COPY to Human Resources