



## Dispute Resolution Policy

### PURPOSE

Employees have a right to a regular process of expression of employee concerns and disputes. Many employee concerns can be resolved informally in the course of day-to-day communications between the employee and his or her immediate supervisor. Employees are expected to make reasonable attempts to resolve concerns informally. However, in those cases in which an employee is unable to informally resolve his or her concern, he or she may initiate a dispute resolution request through the Staff Dispute Resolution Procedure below.

### POLICY & PROCEDURE

A dispute is a written claim or complaint filed by the employee. Disputes are limited to matters of interpretation or application of express provisions of County policies related to employment. This procedure is the exclusive remedy through which to address complaints. Nothing in this process should be read to conflict with the at-will nature of employment with the County.

Any complaints shall first be taken up with the department head or his/her designated representative within five (5) working days after occurrence of the circumstances giving rise to the dispute or five (5) days from when the employee should reasonably have known of the occurrence, otherwise the right to file a dispute is forfeited. If no satisfactory resolution is received within one (1) working day, the employee has three (3) working days to file a formal dispute resolution request by using form PER017.

1. The employee shall within three working days after the discussion with the department head or his/her designated representative, put the dispute in writing on form PER017 stating all facts in detail and submit same to the department head or his/her designated representative. If no satisfactory resolution is received within five (5) working days, the employee has five (5) working days to proceed to step 2.
2. The employee shall contact the Human Resources Director or designated representative to arrange a meeting between the employee and the respective Department Head to discuss the dispute. This meeting shall be scheduled at a mutually agreeable time, which time shall not exceed five (5) working days from the time the employee contacts the Human Resources Director unless a longer time is mutually agreed upon. If no satisfactory resolution is received at this step, the employee has five working days to proceed to step 3.
3. The employee shall notify the Human Resources Director or designated representative to arrange a meeting between the employee, the County Administrator, Human Resources Director or designated representative and respective Department Head to discuss the dispute. This meeting shall be scheduled at a mutually agreeable time, which time shall not exceed five (5) working days from the time the employee contacts the Human Resources Director unless a longer time is mutually agreed upon. The County Administrator shall make any final decisions regarding the dispute resolution.

Any and all disputes resolved at any step of the procedure shall be final and binding on the County and any employee involved in the particular dispute.

Disputes shall be processed from one step to the next within the time limit prescribed in each of the steps unless a time limit is mutually extended. Any dispute upon which a disposition is not made by the County within the time limits or extension agreed to may be referred to the next step in the dispute procedure, the time limit to run from the date when time for disposition expired. Any dispute not carried to the next step by the employee within the prescribed time limits or such extension which may be agreed to, shall be automatically closed upon the basis of the last disposition.

Saturdays, Sundays, and holidays shall not be counted under the time limits.

The County retains the ultimate authority to decide when and in what circumstances an employee may be subject to discipline.

### **Back Pay**

The County shall not be required to pay back wages for periods prior to the time the incident occurred except in the case of a pay shortage of which the employee had not been aware before receiving his/her pay. Any adjustments made shall be retroactive to the beginning of the pay period providing the employee files his/her dispute within three working days after receipt of such pay. All claims for back wages shall be limited to the amount of wages that the employee would otherwise have earned from Grand Traverse County less any unemployment compensation or compensation for personal services that he/she may have received from any source during the period in question except outside income which normally would have been earned while employed with Grand Traverse County.

### **Strikes**

Any employee who violates a state statute regarding strikes and walkouts shall be subject to disciplinary action.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved Personnel Policies 4/92, 7/99, Amended 5/03, 7/3/2019



## DISPUTE RESOLUTION REQUEST

- ◆ You are required by County Policy to discuss your dispute with your supervisor within five (5) days of the occurrence of circumstances giving rise to the dispute, or five (5) days from when you should have reasonably known of the occurrence, or you forfeit the right to file a dispute.
- ◆ If no satisfactory resolution is received within one (1) day, you have three (3) working days to file this form.
- ◆ Employer shall indicate time received and give copy to Employee immediately
- ◆ Employer shall keep original and give copy to Employee with response within five (5) working days
- ◆ The same process shall be used at each successive step

SUPERVISOR: \_\_\_\_\_ Date Discussed with Supervisor: \_\_\_\_\_

EMPLOYEE (S): \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Policy you feel was violated (attach copy) \_\_\_\_\_

Brief explanation of dispute: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Remedy requested: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby declare that all statements herein are to the best of my knowledge true and accurate and hereby request that this dispute be handled through the County Alternate Dispute Resolution Procedure.

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

ACTION STEP	Date	Received By:	Response:	Date of Response:
<b>INCIDENT</b>				
<b>STEP:</b> <u>Verbal Discussion with Supervisor</u>				
<b>STEP 1:</b> Submit form PER 017 to Department Head/Representative				
<b>STEP 2:</b> Contact Human Resources Director/representative to arrange meeting				
<b>STEP 3:</b> Contact County Administrator/rep arrange meeting.				

Dispute Resolution

