

Salary Dispute Employee Grievance Form

PERSONAL DETAILS

Employee Name

Employee ID

Department

Position/Title

Contact Information

DISPUTE DETAILS

Salary Period in Dispute

Nature of Dispute

Select

Details of Salary Dispute

Please describe the issue, with dates and amounts if possible.

Actions Taken (if any)

Mention any steps already taken to resolve this, such as email correspondence, meetings, etc.

RESOLUTION SOUGHT

Preferred Resolution/Outcome

Describe how you would like this dispute to be resolved.

EMPLOYEE DECLARATION

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I confirm that the information provided above is true and accurate to the best of my knowledge.

Date

Signature (type name)