

**EMPLOYEE COUNCIL**

1. I would like the Employee Council to discuss/consider the following concern/opportunity for improvement:

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2. Please explain your attempts to resolve this concern or provide information regarding the opportunity for improvement. Give any suggestions you have. If additional space is required, please use the reverse side of this form or attach additional sheets.

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Your Employee Council representatives are available to assist in resolution of concerns or processing this form. The responsibility for background information is the initiating employee's. Your Employee Council representative can file this form on your behalf. Your signature and name are encouraged but not required.

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Employee's Name                      Bldg./Dept.                      EC Representative

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

\_\_\_\_\_  
EC Representative's Signature                      Date

\_\_\_\_\_  
Signature of Principal/Supervisor                      Date

(My signature does not necessarily indicate my agreement) - If the supervisor has not signed and returned the form within five days of receipt, it will be forwarded to the Employee Council.

Date on EC Agenda: \_\_\_\_\_

Person(s) Responsible for Action: \_\_\_\_\_

Timeline / Date Action Will Occur: \_\_\_\_\_

RESEARCH:

SUGGESTIONS: