

**PANEL DECISION
EMPLOYEE GRIEVANCE**

Grievant:	Dept:
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It has been determined by the Town Manager or the Circuit Court that this grievance qualifies for a panel hearing.

Panel Chair:	Date:
Place of Hearing:	Date of Hearing:

PANEL MEMBERS

Grievant's Selection:	
Town's Selection:	
Third Member:	

ISSUE

PANEL DECISION

REASON FOR DECISION

THE VOTE OF THE PANEL WAS:

Signatures of Panel Members:	Chair:
Member:	Member:

Note: The Panel Chair shall transmit this decision to the Town Manager, the employee and the Administrative Services Office within ten working days following conclusion of the hearing.