

NC Department of Public Safety

Informal Discussion Worksheet

NOTE: A request for an Informal Discussion must occur within 15 calendar days of the alleged event or action that is the basis of the grievance. Please review the Employee Grievance Policy for specific information and timeframes regarding the grievance process.

Date of Alleged Event or Action	BEACON Personnel #
Employee's Full Name	Race White Black Asian Hispanic American Indian
Home Address	Gender O Male O Female
City State Zip Code	
County	Work Phone #
Email address	Cell/Alternate Contact #
Employment Information	
Work Division	Work City
Position Title	Work County
Work Shift Oay Evening Night	Employment Status Applicant Career Former Career
Schedule Rotating ONO YES Hours (e.g, 8 - 5)	Probationary Former Probationary
I. What is the grievable issue to be discussed?	
Policy Violation - Denial of: Hiring or promotion due to failure to post position Veteran's Preference *Reemployment or hiring due to denial of RIF Priority *Promotion due to failure to give priority consideration *Only career or former career state employees may grieve these issues. **Only probationary/former probationary or career/former career state employee/applic. 2. What is/are the remedy(ies) sought by the employee/applic.	

REMINDER: Submit completed Forms 554 (pages 1 and 2 of this form) and 554a (page 3 of this form) within **15 calendar days** of the alleged event or action that is the basis of the grievance to the Human Resources Grievance Intake Office by email (**Grievance.Appeals@ncdps.gov**) and retain a copy for your records. The employee/applicant receives a copy of the completed Form 554a (page 3) **ONLY**.

Informal Discussion Worksheet (cont'd) Employee's Full Name BEACON Personnel # Date Employee/Applicant Date of Informal **Requested Informal Discussion** Discussion 4. Discussion notes with the employee/applicant: (Supervisor/Personnel's Signature & Title) (Date Signed) Were additional sheets attached? NO ☐ YES If yes, check the number of sheets attached: ○ 1 ○ 2 (Maximum) REMINDER: Submit completed Forms 554 (pages 1 and 2 of this form) and 554a (page 3 of this form) within 15 calendar days of the alleged event or action that is the basis of the grievance to the Human Resources Grievance Intake Office by email (Grievance.Appeals@ncdps.gov) and retain a copy for your records. The employee/applicant receives a copy of the completed Form 554a (page 3) ONLY.



Outcome of Informal Discussion

(Following Informal Discussion)

Date of Alleged Event or Action	<u></u>
Employee's Full Name	BEACON Personnel #
Date Employee/Applicant Requested Informal Discussion	Date of Informal Discussion
(Name of Supervisor/Personnel conducting the Informal Discussion)	(Title of Supervisor/Personnel conducting the Informal Discussion
REMINDER: Submit completed Forms 554 (pages 1 and 2 of this form) and 554a (pages 1 and 2 of this form) and	Office by email (Grievance.Appeals@ncdps.gov) and retain a copy for your
(Supervisor/Personnel's Signature)	(Date Signed)

The outcome of the informal discussion shall be communicated to the employee/applicant in writing. **NOTE:** The employee must complete any of the required Informal Processes **AND** file to the Formal (Step 1 Mediation) within the **SAME 15 calendar days** of the alleged event or action that is the basis of the grievance.