North Carolina Department of Health and Human Services

Management Response to Notice of Step-2 Appeal

1. Division/Facility/School: _____

2. Work Unit: _____

3. **Grievant's:**
   a. Name (first, middle, last): _____

   b. Beacon Personnel No.: _____

   c. Employment status (i.e., current, former, career, probationary, applicant): _____
   _____

   d. Present (or former) Classification and Salary Grade (or Salary Grade Equivalent for Career Banded Classes): _____

   e. Entry on Duty (EOD): _____

   f. Total months of continuous state service at time of action under appeal: _____

4. Is grievance timely filed? Yes: _____ No: _____ (If no, explain & attach documentation.)
   _____

5. Does grievance allege a grievable issue: Yes: _____ No: _____ (If no, explain & attach documentation.)
   _____

   _____

6. Brief response to the grievance: _____

   _____

   _____

7. Who will represent management at hearing (**only *one* representative allowed**):

   a. Name: _____

   b. Title: _____

   c. Work Location (City/Town): _____

   d. Telephone Number: _____

   e. E-Mail Address: _____

8. Response Prepared by:
   a. Name and Title: _____

   b. Signature: _____ Date: _____