

**FORMAL STEP TWO:**

*\*Must be submitted to the President, or their designee, within five (5) working days after the date of receipt of the CAO, or their designee, Formal Step One Disposition or the date on which the disposition was due.*

Grievant Name: \_\_\_\_\_

Grievant Position Title: \_\_\_\_\_

Date Submitted to President: \_\_\_\_\_

*Please describe the nature of the grievance, to include date incident occurred and contract article(s) allegedly violated. Include all relevant details, including names of individuals involved, dates, or additional support documentation. Attach additional pages if needed. Please respond to the Formal Step One disposition if such disposition exists.*

Please state the adjustment or settlement you are seeking to resolve your grievance.

Grievant or FSA Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_