

Complete the form, print, sign, and deliver to the Chief Human Resources Officer with a copy of your layoff or displacement notification.

**PINELLAS COUNTY UNIFIED PERSONNEL SYSTEM  
LAYOFF GRIEVANCE FORM**



**INSTRUCTIONS:** Please read [Personnel Rule 5 – Reduction in Force](#) for a complete explanation on grievances related to a layoff or displacement.

If after review of Personnel Rule 5, Reduction in Force, including section D, you believe Personnel Rule 5 was wrongly applied to you and you wish to request a grievance hearing, complete and deliver this form to the Chief Human Resources Officer within 14 calendar days of the day on which you were notified that you were laid off or displaced. Please attach a copy of the layoff/displacement notification you received to this grievance form.

**STATEMENT OF GRIEVANCE:** State why you believe that Personnel Rule 5 was wrongly applied to you. Be specific.

Name (printed) \_\_\_\_\_

Department/Appointing Authority \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_