

**Office of Human Resources**  
 Glensville State College  
 200 High St., Glensville, WV 26351  
 Phone (304) 462-4101 E-mail [david.stalnaker@glensville.edu](mailto:david.stalnaker@glensville.edu)

### WAIVER OF GRIEVANCE DEADLINE FORM

This form is used to apply for a waiver of the deadline for conference, decision, or hearing under the statutory grievance process (West Virginia State Code Section 29-6A).

Name(s) of grievant(s) (print):

If additional grievants, please print names on reverse side of this form.

Date of this request:
By my/our signature(s) below I/we agree to waive the statutory deadline within which a conference, decision, or hearing of my/our grievance pending at the level indicated below:
<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III
Date on which the grievance was filed at the level checked above:
In the case of multiple concurrent grievances filed by the same individual(s), please describe briefly <u>on the reverse side of this form</u> the issue raised in the grievance for which a waiver of deadline is requested.

<b>I/we agree to waive the timeline requirement as indicated by my/our checkmark below:</b>	
<input type="checkbox"/> I/we agree to waive the timeline for conference, decision, or hearing at the level checked above until not later than (date):	
<input type="checkbox"/> I/we agree to waive the deadline for conference, decision, or hearing at the level checked above for an indefinite period of time until I/we specifically revoke it in writing. I/we understand that upon my/our written revocation of this waiver of deadline I/we will provide the College not less than five working days in which to provide the decision for level checked a box, such days to count from the date that the written revocation is received in the Human Resources Office.	
Agreed to as indicated by signatures below. Waiver of the deadline for decision at Level I, II, r III must be accepted by both the grievant(s) and the respondent/College.	
Grievant(s) signature(s):	Respondent/College signature(s)
Signature:	Signature:
Date:	Date:
Signature:	Signature:
Date:	Date:

If additional grievants, please write signatures on reverse side of form.

<b>HUMAN RESOURCE SERVICES USE ONLY:</b> Indicate grievance number as assigned in HRIS.	
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**DISTRIBUTION:** Original – OHR, 1 cy each grievant, 1 cy respondent