

ADMINISTRATIVE RECORD TRACKING FORM

Type of Grievance

Date Received by OPM

Grievant:

Address:

Phone Number:

E-mail Address

Grievant Attorney/Representative:

Address:

Phone Number:

E-mail Address

Agency:

Charged Party/Supervisor:

Address:

Phone Number:

E-mail Address

Agency Attorney:

Address:

Phone Number:

E-mail Address

Grievance Officer:

Phone Number:

E-mail Address

OPM Use Only

Hearing Date: _____

Reschedule Date: _____

Hearing Time: _____ a.m. p.m.

Reschedule Time: _____ a.m. p.m.

Panel: _____

Chair: _____

SEGAP Result: _____

Panel Member: _____

CFO Result: _____

Panel Member: _____