

Step 3

**Reply to Employee Grievance
Department Director**

Director/Chairperson/Commissioner's Decision

Department Director or Representative's Signature:

Date:

Employee Answer

Note: *Explain fully why you do not accept the above Response/Decision.*

I accept the answer to my Grievance.

I do not accept the answer to my Grievance and wish to appeal my Grievance to OPM.

Grievant's Signature:

Date: