



**EMPLOYEE-ADVISOR / SUPPORT PERSON
ACKNOWLEDGEMENT FORM**

Read the following information, sign, and date in the appropriate spaces below. The Fayetteville State University SPA Grievance Policy is posted online at www.unctsu.edu/policy. Printed copies are available from Human Resources upon request.

Employee-Advisor: With respect to the University's grievance process, a grievant may consult with a fellow employee ("employee-advisor") of his or her choosing. The employee-advisor may accompany the grievant during the grievance process. The employee-advisor may serve as an advisor only, not as an advocate or spokesperson for the grievant. The University shall not request the volunteer employee to divulge information that would violate the confidential relationship of the employee and employee-advisor. In addition, the University prohibits retaliation against an employee who volunteers and acts in good faith as an employee-advisor.

Support Person: The grievant and the respondent may each elect to have one (1) support person accompany them during the grievance hearing. The grievant's support person may be the same as the employee-advisor or the grievant may choose a different person. The support person may not be an attorney and is not permitted to speak or communicate with the grievant or respondent during the proceedings. The Grievance and Appeals Committee Chair may require a support person to leave the proceedings for failing to adhere to this policy.

EMPLOYEE-ADVISOR AND/OR SUPPORT PERSON

I affirm that I have read the information above. I also affirm that I am neither an attorney nor a legal representative. I understand that my role is advisory and that I may not serve as an advocate or spokesperson. I also understand that I am not permitted to speak or communicate with the grievant or respondent during the grievance proceedings and may be required to leave for failing to adhere to the SPA Grievance Policy.

CHECK ALL THAT APPLY: Employee-Advisor Support Person

Name (Print)

Signature

Date

GRIEVANT OR RESPONDENT

I affirm that my employee-advisor and/or support person is neither an attorney nor a legal representative. I understand that the role of the employee-advisor and/or support person is advisory and that they may not act as an advocate or spokesperson on my behalf. I also understand that my employee-advisor and/or support person is not permitted to speak or communicate during grievance proceedings and may be required to leave for failing to adhere to the SPA Grievance Policy.

CHECK ONE: Grievant Respondent

Name (Print)

Signature

Date