

SECTION 3: EMPLOYEE FORMS

Appendix "C"

**FALLS COUNTY
EMPLOYEE GRIEVANCE FORM**

Pursuant to FCEG 32.02 of the Falls County Employee Guidelines, I am filing this grievance as I believe I have been discriminated against for the following reason(s):

- _____ 1. Race, sex, age, color, national origin, religion, or disability (as defined by the Americans with Disabilities Act and the authorities interpreting the said Act).
- _____ 2. Retaliation for reporting or opposing such discrimination referenced in number one above.
- _____ 3. Retaliation based on the filing of a workers compensation claim, or participation in proceedings relating to a workers compensation claim, or
- _____ 4. Retaliation for reporting illegal conduct of another.

The following is a statement of my grievance, which I hereby request be reviewed in accordance with Falls County procedures.

Name: _____ Position: _____

Department: _____ Immediate Supervisor: _____

The action resulting in this grievance took place on (date): _____

The statement of my grievance is as follows (continue with additional pages as needed):

(signature)



MARLIN, TEXAS
76661

**Falls County
Wage Deduction Authorization Agreement**

I, _____ understand and agree that my employer, Falls County, may deduct money from my pay for reasons that fall into the following categories:

1. My share of the premiums for the County's group medical plan and any premiums due for the supplemental insurance plan(s) in which I choose to enroll myself and/or my dependents.
2. My share of contributions into mandated retirement plans that are sponsored, controlled, or managed by the County as well as supplemental deferred compensation plans in which I choose to participate.
3. Reimbursement to the County for any overpayment of wages or of reimbursement expenses that were paid in error to me for any reason.
4. The cost to replace uniforms if I fail to return them during active employment or upon termination of my employment.
5. The cost of repairing or replacing any County supplies, materials, equipment, money, or other property that I may lose, fail to return, take without appropriate authorization from the County during my employment, or damage due to negligence (other than normal wear and tear) as determined by my Department Head.

In the case that any of the above occurs, I agree that the County may deduct money from my pay per these terms. I will have the opportunity to dispute any of the above claims.

Employee's Signature

Date