NC STATE UNIVERSITY

University Human Resources
Employee Relations

EPS Request for Review Form
Revision Date: 12.22.2025

This completed form must be submitted to University Human Resources Employee Relations no more than **15 calendar days** after the decision or action that caused the complaint. For more information, please refer to the **REG 05.25.06 (Review and Appeal Procedures for Exempt Professional Staff (EPS) Employee)** or contact Employee Relations at 919-515-6575 or via email at employeerelations@ncsu.edu.

PART 1: CONTACT INFORMATION

Legal Name:		**Preferred Name:**	
Position Title:		**Employee ID:**	
Home Street Address:		**Home/Cell Phone:**	
Home City, State, Zip:		**Work Phone:**	
Preferred Email Address:			
Department Name:			
Immediate Supervisor:		**2nd-Level Supervisor:**	

PART 2: SUBJECT OF REVIEW

Date of Event(s) for Review:	

Issue(s) for Review (Check):

EPS employees may seek review of the following Covered Employment Actions (check the employment action(s) for review):

☐ Discontinuation of "at-will" appointment
☐ Expiration of a fixed-term appointment
☐ Discharge for cause
☐ Other formal discipline for cause, with formal discipline defined as an involuntary demotion in position and/or salary or a suspension without pay for disciplinary reasons.

EPS employees may seek review of the above Covered Employment Actions based on the allegations of (check all that apply):

☐ A violation of applicable notice requirements (as set forth in Section 300.1.1 of the UNC Policy Manual)
☐ A violation of any provision of subsection III.D (Equal Employment Opportunity) of the UNC Policy Manual**
☐ A violation of any provision of subsection III.E (Protected Activity) of the UNC Policy Manual
☐ Discharge, formal discipline, or policy interpretation, or application was illegal or violated a policy of the Board of Governors.

**Please note that Employee Relations will refer allegations pertaining to unlawful discrimination to the Office of Equal Opportunity for review. The EPS Request for Review is held in abeyance and all proceedings are put on hold until the OEO issues its determination on the allegations of discrimination.

PART 3: REASONS FOR THIS REQUEST

State your specific concerns and detailed information supporting this Request for Review. You may attach a statement and/or other relevant supporting documentation to this form, if necessary. Failure to provide sufficient information may result in this form being returned to you for completion or may result in the Request for Review being dismissed.

PART 4: INFORMAL DISCUSSION

Have you met with your manager (or higher-level manager) to try to resolve your concerns? If yes, please indicate the date and outcome of that discussion.

☐ Yes ☐ No Date:

Outcome:

PART 5: DESIRED OUTCOME OF THIS REVIEW

Please describe what you would like to have happen.

PART 6: STATEMENT ON NON-RETALIATION

Employees have the right to use this procedure free from threats or acts of retaliation, interference, coercion, restraint, discrimination, or reprisal.

PART 7: EMPLOYEE CERTIFICATION

I hereby certify that all information submitted on this form and any supporting documentation is true, complete to the best of my knowledge and belief, and filed in good faith. I understand that I must continue to meet the performance and conduct expectations of my employment during review of the aforementioned issues.

Signature:		**Date:**	

HOW TO FILE:
Mail/Hand-Deliver this form to: UHR Employee Relations, 2711 Sullivan Drive, Administrative Services Building II
Raleigh, North Carolina 27695
OR email this form to: employeerelations@ncsu.edu