PINAL • COUNTY
wide open opportunity

PINAL COUNTY
PROBLEM SOLVING
EMPLOYEE PROBLEM REVIEW

Employee Name (Print): _____

Department/Position: _____

Immediate Supervisor (Print): _____

Department Director: _____

Elected Official / Assistant County Manager: _____

This form is to be used in accordance with the Problem Solving policy outlined in Section 1.07 of the Pinal County Personnel Policies and Procedures Manual. State the facts on which your problem is based and the relief requested. Provide in detail the necessary facts and identity of all persons or agencies concerned so that your immediate supervisor may understand the nature of the problem.

Problem: **(Provide specific details, facts and identity of all persons or agencies concerned)**

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***** (Please provide attachments if needed)**

Supervisor's Response: *(Response required within 2 working days)*

Signature: _____ Date: _____

Department Director/Elected Official Response: *(Response required within 10 working days)*

Signature: _____ Date: _____

Assistant County Manager Response: ***(****Not Applicable in Offices of Elected Officials****)***

Signature: _____ Date: _____

County Manager Response: ***(****Not Applicable in Offices of Elected Officials****)***

Signature: _____ Date: _____