



**Discrimination, Harassment and Retaliation Grievance/Complaint Procedure
RECONSIDERATION OF PROVOST'S ADMINISTRATIVE RESOLUTION**

Reconsideration Request Form

Name:	Phone #:
	E-Mail Address:
Title/Status:	Office or Unit:
Date of Provost's Administrative Resolution:	Date Reconsideration Filed: <i>Requests for reconsideration must be filed with the Provost within five days of notification of resolution.</i>
Resolution(s) requested for reconsideration: ** If the Respondent is a faculty member, this form may only be used to request reconsideration of non-major sanctions of the Faculty Handbook and Section XI(B) of the Procedure.	
Please provide your reasons of bases for reconsideration: <i>(You may provide your rationale here or attach a separate document)</i>	
Employee's Signature:	