



AFSCME COUNCIL 5
The American Federation of
State, County, and Municipal Employees,
affiliated with the AFL-CIO

LOCAL _____

OFFICIAL GRIEVANCE FORM • Step

Name of Employee (grievant) _____ Classification _____

Department and Work Location _____

Immediate Supervisor and Title _____

STATEMENT OF GRIEVANCE (Write the nature and the facts of the grievance: who, what, where, when, why)

CONTRACT VIOLATIONS (List all Contract Articles violated) *Art. 22 (2)*

All articles that apply.

REMEDY SOUGHT (What employer action will resolve this grievance)

Make the grievant whole.

DISPOSITION OF THE GRIEVANCE (What happened)

.....

Signature of Union Representative _____ Date _____

Signature of Employee _____ Date _____

Signature of Management Representative _____ Date _____

This form is to be signed by the employee and/or the AFSCME representative handling the case. The grievant, by signing this form, acknowledges that the grievance is the property and responsibility of the union. The union will make all final decisions with respect to settlement or arbitration as the grievant's exclusive representative. The grievant also acknowledges that the resolution of this grievance either by settlement or arbitration may act as an estoppel or waiver with respect to causes of action outside the grievance procedure.



DISCIPLINE GRIEVANCE CHECKLIST

Grievant's Name: _____

Work Phone: _____ Home Phone: _____

Steward: _____

✓ Checklist

- _____ Written Permission to review Personnel file
- _____ Copy of Grievance
- _____ Copy of Step 1 and Step 2 responses/notes
- _____ Grievant's Performance Review(s)
- _____ Copies of previous disciplines
- _____ Statements from witnesses
- _____ Investigation Notes
- _____ Letter of Discipline
- _____ Posted Work Rules
- _____ Length of Service
- _____ Awards: Letters of Commendation
- _____ Copies of shift reports, schedules, etc., as needed to process Grievance
- _____ Official Grievance Fact Sheet

Comments: _____

(NOTE: All of the above data is to be included in the file when it is turned over to the Business Agent at the grievance meeting prior to arbitration. If something is missing, please indicate the reason.)

WORK OUT OF CLASS CHECKLIST

Grievant's Name: _____

Work Phone: _____ Home Phone: _____

Steward: _____

✓ Checklist

- _____ Written Permission to review Personnel file
- _____ Copy of Grievance
- _____ Copy of Step 1 and Step 2 responses/notes
- _____ Grievant's Performance Review(s)
- _____ Grievant's Position Description
- _____ Position Description and Classification of job grievant is performing and requesting WOC for (if a vacant position)
- _____ Length of time the grievant was doing this job
- _____ Reason the grievant was assigned to do this job
- _____ Letter, if available, assigning the grievant to do the job
- _____ Grievant's pay range
- _____ Pay range assigned to job grievant is performing WOC duties
- _____ Official Grievance Fact Sheet

Comments: _____

(NOTE: All of the above data is to be included in the file when it is turned over to the Business Agent at the grievance meeting prior to arbitration. If something is missing, please indicate the reason.)

SICK LEAVE CHECKLIST

Grievant's Name: _____

Work Phone: _____ Home Phone: _____

Steward: _____

✓ Checklist

- _____ Written Permission to review Personnel file
- _____ Copy of Grievance
- _____ Copy of Step 1 and Step 2 responses/notes
- _____ Grievant's Performance Review(s)
- _____ Previous discipline
- _____ Letter(s) requesting doctor's statement
- _____ Comparison of grievant's sick leave use with others in work area
- _____ Notes from all meetings including meeting with grievant and notes from Step 1 and Step 2 meetings.
- _____ Letter to grievant resulting in this Grievance
- _____ Posted Work Rules
- _____ Awards: Letters of Commendation
- _____ History of sick leave hours used the past year
(Includes number of hours, number of instances and reasons for sick leave use)
- _____ Clarify any hours used for FMLA or ADA
- _____ Doctor's statements
- _____ Official Grievance Fact Sheet

Comments: _____

(NOTE: All of the above data is to be included in the file when it is turned over to the Business Agent at the grievance meeting prior to arbitration. If something is missing, please indicate the reason.)

DISCIPLINE GRIEVANCE CHECKLIST

Grievant's Name: _____

Work Phone: _____ Home Phone: _____

Steward: _____

Checklist

- _____ Written Permission to review Personnel file
- _____ Copy of Grievance
- _____ Copy of Step 1 and Step 2 responses/notes
- _____ Grievant's Performance Review(s)
- _____ Copies of previous disciplines
- _____ Statements from witnesses
- _____ Investigation Notes
- _____ Letter of Discipline
- _____ Posted Work Rules
- _____ Length of Service
- _____ Awards: Letters of Commendation
- _____ Copies of shift reports, schedules, etc., as needed to process Grievance
- _____ Official Grievance Fact Sheet

Comments: _____

(NOTE: All of the above data is to be included in the file when it is turned over to the Business Agent at the grievance meeting prior to arbitration. If something is missing, please indicate the reason.)

OVERTIME/HOLIDAY GRIEVANCE CHECKLIST

Grievant's Name: _____

Work Phone: _____ Home Phone: _____

Steward: _____

✓ Checklist

- _____ Written Permission to review Personnel file
- _____ Copy of Grievance
- _____ Copy of Step 1 and Step 2 responses/notes
- _____ Overtime accumulation (Overtime Grievance only)
- _____ All seniority dates of grievant and all other employees granted holiday or vacation for same time period
- _____ Official Grievance Fact Sheet

Comments: _____

(NOTE: All of the above data is to be included in the file when it is turned over to the Business Agent at the grievance meeting prior to arbitration. If something is missing, please indicate the reason.)

VACATION/ALTERNATE HOLIDAY GRIEVANCE CHECKLIST

Grievant's Name: _____

Work Phone: _____ Home Phone: _____

Steward: _____

✓ Checklist

- _____ Written Permission to review Personnel file
- _____ Copy of Grievance
- _____ Copy of Step 1 and Step 2 responses/notes
- _____ Copy of request
- _____ Reason for denial
- _____ Schedule covering time of the request
- _____ Official Grievance Fact Sheet

Comments: _____

(NOTE: All of the above data is to be included in the file when it is turned over to the Business Agent at the grievance meeting prior to arbitration. If something is missing, please indicate the reason.)

BIDS/PROMOTIONAL DENIAL CHECKLIST

Grievant's Name: _____

Work Phone: _____ Home Phone: _____

Steward: _____

✓ Checklist

- _____ Written Permission to review Personnel file
- _____ Copy of Grievance
- _____ Copy of Step 1 and Step 2 responses/notes
- _____ Grievant's Performance Review(s)
- _____ Copies of disciplines
- _____ Copy of Job Postings
- _____ Eligible list/list of bidders
- _____ Seniority dates/Classification dates
- _____ Grievant's Position Description(s)
- _____ Vacant/Posted Position Description
- _____ Awards: Letters of Commendation
- _____ Interview questions with answers and ratings of both the employee chosen and grievant
- _____ Letter of bid denial (if sent)
- _____ Position Description of employee who got the job
- _____ Any other consideration affecting appointment
- _____ Official Grievance Fact Sheet

Comments: _____

(NOTE: All of the above data is to be included in the file when it is turned over to the Business Agent at the grievance meeting prior to arbitration. If something is missing, please indicate the reason.)