DISTRICT 1199/SEIU, AFL-CIO
STATE OF OHIO
WORKING OUT OF CLASS SUPPLEMENT GRIEVANCE FORM

THIS FORM MUST BE FILED AS AN ATTACHMENT WITH AN ELECTRONIC SEIU/1199 GRIEVANCE.

_____
Grievance number (as assigned by Agency)

Employee ID#_____ Agency_____

Grievant Name _____

Grievant's Mailing Address_____

Work Phone Number_____ Worksite_____

Grievant's Supervisor_____ Supv.Work Phone No._____

Delegate's Name_____ Delegate's Work No._____

JOB INFORMATION

Grievant's Current Pay Range_____ Step_____

Current Classification Title_____Number_____

To what classification do you believe these duties belong?

Grieved Classification Title_____Number_____

Date Employee began these duties: ____ / ____ / ____ Date duties ended: ____ / ____ / ____

Please state specifically the different duties performed and how those duties differ substantially from the ones normally assigned. Please include the number of hours for each duty. (Attach additional sheets if needed)

This form **must** be filed as an attachment when filing an electronic WOOC grievance. Completion or submission of this form alone will not be considered a proper filing and will not preserve the rights of a timeline.

Revised 6/22/2011