



GRIEVANCE FORM

STATE OF OHIO - OCSEA, LOCAL 11 AFSCME, AFL-CIO

Date: _____ Grievance #: _____

Grievant(s) Name: _____ Soc Sec#: (last 4 digits) _____

Home Address: _____ Work phone: (_____) _____

City, State, Zip: _____ Home phone:(_____) _____

Job Classification: _____ Work location: _____

Agency: _____

Steward name: _____ Work phone: (_____) _____

Home address: _____

City, state, zip: _____

Immediate supervisor: _____ Work phone: (_____) _____

Layoff/Non-Selection/Discipline/Step Reduction Grievances:
 The Union submits grievances involving layoff/non-selection/discipline/Step Reduction at Step 3 within 14 calendar days of the date of notification of action. Send the original, completed form to the Agency Head or Designee.
(IN CASES OF DISCHARGE, A COPY OF THE GRIEVANCE FORM SHOULD BE MAILED TO THE OCSEA CENTRAL OFFICE GENERAL COUNSEL UPON FILING AT STEP 3.)
All Other Grievances: Contract interpretation grievances and written or oral reprimand grievances shall be filed at Step 1 of the grievance procedure.

Contract article(s) allegedly violated: _____ **GRIEVANCE TYPE:** _____

Issue _____

Removal _____ Suspension (No. of Days) _____

Statement of facts (who, what, where, when?):

Remedy sought:

Signature: _____ Date: _____

(Grievant/Union Representatives)