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, OFFICE OF 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)

Step 1: Immediate Supervisor

Discuss within 10 working days of date of Incident

Date received: _____

Date discussed: _____

Date response: _____

Deliver oral response within 3 working days of discussion; if not resolved, give written statement attached acknowledging discussion.

Response by immediate supervisor:

Signature: _____ Date: _____
(Immediate supervisor)

Step 2: Intermediate Administrator

If appealing, the Union submits within 5 calendar days of receipt of Step 1 response or the date such answer was due, whichever is earlier.

Date received: _____

Date meeting: _____

Date response: _____

Discuss within 7 calendar days; give response within 8 calendar days after discussion

Signature: _____ Date: _____
(Immediate Administrator)

See attached response

CERTIFIED MAIL RECEIPT NUMBER _____-_____-_____-_____-_____

Step 3: Agency Head or Designee

If appealing, the Union submits within 10 calendar days of receipt of Step 2 response or the date such answer was due, whichever is earlier.

Date received: _____

Date meeting: _____

Date response: _____

Meet within 15 calendar days unless mutually agreed otherwise: the agency head or designee will respond in writing within 35 calendar days after the meeting unless mutually agreed otherwise.

DISCHARGE GRIEVANCES: Mgmt must meet and respond within 60 calendar days. A COPY OF THE GRIEVANCE FORM SHOULD BE MAILED TO THE OCSEA CENTRAL OFFICE, OFFICE OF GENERAL COUNSEL UPON FILING AT STEP 3.

Signature: _____ Date: _____
(Agency head or designee)

See attached response

CERTIFIED MAIL RECEIPT NUMBER _____-_____-_____-_____-_____

☐ Late Step 3 Response: Meeting with the Office of Collective Bargaining requested.
(Date Step 3 response due: __/___/___)

Step 4: Office of Collective Bargaining

If appealing, the Union submits appeal to the Office of Collective Bargaining within 15 calendar days of receipt of Step 3 response or the date the response was due, whichever is earlier.

Date submitted: _____

See attached response

NOTE: If you are appealing beyond Step 1, a legible copy of the grievance form must be attached to the appeal, and all previous step response must be attached.