



# 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: \_\_\_\_\_

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Steward name: \_\_\_\_\_ Work phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Home address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

**Layoff/Non-Selection/Discipline Grievances:**

The Union submits grievances involving layoff/non-selection/discipline 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 _____	For IT Use ONLY: Position Description _____
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: \_\_\_\_\_

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

Date discussed: \_\_\_\_\_

Date response: \_\_\_\_\_

Response by immediate supervisor: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Immediate supervisor)

Date: \_\_\_\_\_

**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: \_\_\_\_\_

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

Date response: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Immediate Administrator)

Date: \_\_\_\_\_

*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: \_\_\_\_\_

**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.**

Date response: \_\_\_\_\_

**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: \_\_\_\_\_  
(Agency head or designee)

Date: \_\_\_\_\_

*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

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.**