

COUNTY OF SACRAMENTO - Grievance Form

Informal Discussion YES NO

A. Step 1 Formal Grievance Appeal

(This section to be completed by Employee or Union Representative.)

TO: _____
Person designated as first level of appeal, and title

FROM: _____
Employee's name and Job Classification

EMPLOYEE EMPLOYEE ORGANIZATION

Date of Informal Discussion

Name of Supervisor

Date of Decision or Response

Employee's Department, Division, Section

Employee's Representative, if any

Work Address & Phone Number

Work Address & Phone Number

SECTION(S) OF AGREEMENT ALLEGEDLY VIOLATED: (List specific subsections)

STATEMENT OF GRIEVANCE: (Specify dates, places, names of witness and circumstances)

PROPOSED REMEDY:

EMPLOYEE SIGNATURE: _____ **DATE:** _____

STEP 1 DECISION (To be completed by the County) **Date of Receipt:** _____ **Grievance #** _____

First Step Designee's Signature _____ **Date of Response:** _____

Instructions for use of Employee's Step 1 Formal Grievance Appeal Form

GENERAL (Employee/Employee Organization)

...Make every effort to resolve the grievance informally with your supervisor before initiating a grievance.

...If the informal grievance is not resolved to your satisfaction within five work days, you may initiate a formal grievance.

...A formal grievance may be initiated only by completing this form and filing it with the person designated your first level of appeal.

...This form is to be used for formal Step 1 grievance under either the County's Grievance policy or negotiated grievance procedures.

A. FIRST LEVEL OF FORMAL APPEAL - Filling out the form (Employee/Employee Organization)

- 1 This section is to be completed by the grievant or Employee Organization representative.
- 2 Complete the information requested in the upper right-hand corner, if applicable.
- 3 Fill in name and title of person designated by your department as your first level of appeal.
- 4 Fill in your name, civil service class title, department and division, and other name of any person or organization representing you on the grievance. If other employees are appealing jointly with you, attach a list of their names, classes, and department.
- 5 State the grievance clearly. If necessary, attach additional pages. If you are covered by a labor agreement, identify the section of the Agreement allegedly violated.
- 6 State the remedy proposed to resolve the grievance. If necessary attach additional pages.
- 7 Sign the form and note the date it is presented to the first level of appeal.

B. STEP 1 DECISION (County)

- 1 This section is to be completed by the person designated by the appointing authority as the first level of appeal.
- 2 Telephone the Department of Employee Relations to receive an official grievance number.
- 3 Meet with the employee if necessary to ascertain the facts in the case. The employee may be represented by an Employee Organization Steward.
- 4 Answer grievance within time limits specified in appropriate Agreement.
- 5 Sign and date your decisions.
- 6 Distribution: Employee, Employee Organization, Employee's Supervisor, Department Head, Employee Relations Dept.

C. APPEAL BEYOND STEP 1

Please refer to the specific language provisions of the appropriate Agreement when appealing any grievances to Step 2 or Step 3 of the grievance procedure.