

EMPLOYEE CONTRACT GRIEVANCE / COMPLAINT

STD. 630 (Rev. 9/2013)

BARGAINING UNIT NAME All Represented Bargaining Units at CDCR/CCHCS	BARGAINING UNIT NUMBER (Circle one) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
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Please refer to your bargaining unit's contract for specific information regarding employee grievance procedures and time frame requirements.

GRIEVANT'S NAME All Affected CDCR/CCHCS represented employees		HOME TELEPHONE NUMBER (include area code)
HOME ADDRESS (Number and Street) c/o SEIU Local 1000 1801 Excise Avenue #101	(City) Ontario	(State) (Zip Code) CA 91761
DEPARTMENT CDCR	DIVISION OR FACILITY All Worksites	SECTION, BRANCH, UNIT, ETC.
POSITION CLASSIFICATION All represented Classifications	NORMAL WORKING HOURS All schedules	WORK TELEPHONE NUMBER (include area code)

REPRESENTATION INFORMATION (Complete if applicable)

REPRESENTATIVE'S NAME Daniel Luna	ORGANIZATION AFFILIATION SEIU LOCAL 1000	TELEPHONE NUMBER (include area code) 866-471-7348
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GRIEVANCE INFORMATION

DATE OF ACTION CAUSING GRIEVANCE Ongoing	DATE OF INFORMAL DISCUSSION WITH IMMEDIATE SUPERVISOR TBD	DATE OF INFORMAL RESPONSE TBD
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GRIEVANCE DESCRIPTION (Clear, concise statement. Attach additional sheets if necessary.)

CDCR is in violation of Article 4.1(b) by unreasonably requiring staff who have sought accommodations from the COVID-19 vaccine mandate to don N95 masks without first conducting proper fit tests and other assessments required by State workplace health regulations.

SPECIFIC ARTICLE(S) AND SECTION(S) OF CONTRACT ALLEGEDLY VIOLATED

Article 4.1 (b) and any other applicable articles

SPECIFIC REMEDY SOUGHT

- Cease and desist requiring the use of N95 masks for those that have sought accommodations from the COVID-19 vaccine.
- Require all staff to utilize the same type of face coverings unless N95 masks are required by regulation and all proper protocols are followed.
- Any other appropriate remedies.

GRIEVANT'S SIGNATURE



DATE FILED


12/2/2021

(For grievance level reviews I through IV, continue on reverse.)

EMPLOYEE CONTRACT GRIEVANCE / COMPLAINT

STD. 630 (Rev. 9/2013) (REVERSE)


GRIEVANCE REVIEW--LEVEL I

DATE RECEIVED	LEVEL I REVIEWER (Signature) 	RESPONSE DATE
REVIEWER'S PRINTED NAME AND TITLE	TELEPHONE NUMBER (include area code)	


LEVEL I DECISION

<input type="checkbox"/> I concur and do not appeal to the second review level	<input type="checkbox"/> I do not concur and appeal to the second review level (State reason below)	GRIEVANT'S SIGNATURE	DATE SIGNED
REASON FOR APPEAL			


GRIEVANCE REVIEW--LEVEL II

DATE RECEIVED	LEVEL II REVIEWER (Signature) 	RESPONSE DATE	
<input type="checkbox"/> Decision attached	REVIEWER'S PRINTED NAME AND TITLE		
<input type="checkbox"/> I concur and do not appeal to the third review level	<input type="checkbox"/> I do not concur and appeal to the third review level (State reason below)	GRIEVANT'S SIGNATURE	DATE SIGNED
REASON FOR APPEAL			

GRIEVANCE REVIEW--LEVEL III--DEPARTMENT DIRECTOR OR DESIGNEE

DATE RECEIVED	DIRECTOR OR DESIGNEE (Signature) 	RESPONSE DATE	
<input type="checkbox"/> Decision attached	REVIEWER'S PRINTED NAME AND TITLE		
<input type="checkbox"/> I concur and do not appeal to the third review level	<input type="checkbox"/> I do not concur and appeal to the third review level (State reason below)	GRIEVANT'S SIGNATURE	DATE SIGNED
REASON FOR APPEAL			

GRIEVANCE REVIEW--LEVEL IV--DEPARTMENT OF HUMAN RESOURCES

DATE RECEIVED	DIRECTOR OR DESIGNEE (Signature) 	RESPONSE DATE
<input type="checkbox"/> Decision attached	REVIEWER'S PRINTED NAME AND TITLE	