

EMPLOYEE CONTRACT GRIEVANCE

STD 630 (Rev 7/00)

Handout #4



BARGAINING UNIT NAME AND NUMBER (Grievant's Bargaining Unit)

GRIEVANT'S NAME (Person Effected)		HOME TELEPHONE NUMBER
MAILING ADDRESS (NUMBER/STREET)	(CITY)	(ZIP CODE)
DEPARTMENT	DIVISION OR FACILITY	SECTION, BRANCH, UNIT ETC.
POSITION CLASSIFICATION	NORMAL WORKING HOURS	WORK TELEPHONE NUMBER

REPRESENTATION INFORMATION (COMPLETE IF APPLICABLE)

REPRESENTATIVE'S NAME	TELEPHONE NUMBER	ORGANIZATION OR AFFILIATION SEIU Local 1000
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TRACKING INFORMATION

DEPARTMENTAL TRACKING NUMBER	DEPARTMENTAL SECOND TRACKING NUMBER	UNION TRACKING NUMBER
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***Please Refer to The Bargaining Unit Contract
For Specific Information Regarding Employee
Grievance Procedures and Time Frame Requirements for That Unit.***

GRIEVANCE INFORMATION

DATE OF ACTION CAUSING GRIEVANCE	DATE OF INFORMAL DISCUSSION WITH IMMEDIATE SUPERVISOR	DATE OF INFORMAL RESPONSE
CLEAR CONCISE STATEMENT OF GRIEVANCE (ATTACH ADDITIONAL SHEETS IF NECESSARY)		

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

All other articles that may apply.

SPECIFIC REMEDY SOUGHT



Any other appropriate remedies deemed just and proper.

SIGNATURE OF GRIEVANT





DATE FILED



GRIEVANCE REVIEW--LEVEL I

DATE RECEIVED	DATE OF RESPONSE	LEVEL I DECISION TO BE ENTERED BELOW	
SIGNATURE OF LEVEL I REVIEWER 		PRINTED NAME AND TITLE	
TELEPHONE NUMBER		GRIEVANT'S SIGNATURE 	DATE
<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 (IF CHECKED, STATE REASON BELOW)		
REASON FOR APPEAL			


GRIEVANCE REVIEW--LEVEL II

DATE RECEIVED	DATE OF RESPONSE	<input type="checkbox"/> DECISION ATTACHED	
SIGNATURE OF LEVEL II REVIEWER 		PRINTED NAME AND TITLE	
TELEPHONE NUMBER		GRIEVANT'S SIGNATURE 	DATE
<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 (IF CHECKED, STATE REASON BELOW)		
REASON FOR APPEAL 1.			

GRIEVANCE REVIEW--LEVEL III

DATE RECEIVED	DATE OF RESPONSE	<input type="checkbox"/> DECISION ATTACHED	
SIGNATURE OF LEVEL III REVIEWER 		PRINTED NAME AND TITLE	
TELEPHONE NUMBER		GRIEVANT'S SIGNATURE 	DATE
<input type="checkbox"/> I CONCUR AND DO NOT APPEAL TO THE FOURTH REVIEW LEVEL	<input type="checkbox"/> I DO NOT CONCUR AND APPEAL TO THE FOURTH REVIEW LEVEL (IF CHECKED, STATE REASON BELOW)		
REASON FOR APPEAL			

GRIEVANCE REVIEW--LEVEL IV

DATE RECEIVED	DATE OF RESPONSE	<input type="checkbox"/> DECISION ATTACHED	
SIGNATURE OF LEVEL IV REVIEWER 		PRINTED NAME AND TITLE	
TELEPHONE NUMBER			