


**EMPLOYEE CONTRACT GRIEVANCE**  
 STD 630 (Rev 7/00)

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

BU 1 - Administrative, Financial and Staff Service

GRIEVANT'S NAME (Person Affected)

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

**TRACKING INFORMATION**

DEPARTMENTAL TRACKING NUMBER

DEPARTMENTAL SECOND TRACKING NUMBER

UNION TRACKING NUMBER

*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)

On or about \_\_\_\_\_, grievant received a written memorandum for taking sick leave on \_\_\_\_\_. Grievant used sick leave for an authorized purpose. Grievant has no demonstrable pattern of sick leave abuse. Grievant is being subjected to corrective action based solely on the amount of sick leave use.

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

Article 8.2—Sick Leave.  
Any other articles that may apply.

SPECIFIC REMEDY SOUGHT

Make grievant whole for any all losses.  
Remove the written memorandum from grievant's supervisory and official personnel file.  
Cease and desist from subjecting grievant to corrective action based solely on the use of sick leave.  
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
<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)	GRIEVANT'S SIGNATURE 	DATE
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	
<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)	GRIEVANT'S SIGNATURE 	DATE
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	
<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)	GRIEVANT'S SIGNATURE 	DATE
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	