

COUNTY OF TULARE: FORMAL GRIEVANCE FORM (for Bargaining Units: 1, 2, 3, 4, 6 or 7)

---<<< Please read this section **BEFORE** completing this Formal Grievance form. >>>---

The following requirements must be met for the filing of a Formal Grievance:

- 1) The presentation of an INFORMAL grievance (discussion with your Supervisor) is required before the filing of a Formal Grievance.
- 2) The matter must be grievable. You may not file a grievance against the following: a) disciplinary actions, b) performance evaluations, c) matters that are reviewable under some other established County administrative appeal procedure, d) employment examinations, e) appointments to a position, f) the Board of Supervisors exercise of legislative or judicial authority and the authority to appropriate funds and adopt the budget, or g) allegation of Discrimination (please use the County's Discrimination Complaint Procedure, see Personnel Rule 14).

FORMAL GRIEVANCE

INSTRUCTIONS: FILE THIS FORM AT THE Human Resources & Development Department for all steps of the grievance process.

NAME _____ JOB TITLE _____

DEPARTMENT _____ LOCATION _____ PHONE _____

HOME MAILING ADDRESS _____

REPRESENTATION (BARGAINING) UNIT NUMBER _____ SUPERVISOR'S NAME _____

For purposes of representing me in my grievance: (Check only one.)

- 1. () I elect to be represented by the union/organization certified to represent my Unit. My representative is:

NAME _____ ORG/UNION _____ PHONE _____

OR

- 2. () I elect to represent myself.

For a violation, misinterpretation, inequitable application or non-compliance with any of the following: 1) Collective Bargaining Agreement (also known as a Memorandum of Understanding (MOU) or, 2) Ordinance; or 3) Resolution; or 4) Written Rule (Personnel Rules); or 5) Written Regulation; or 6) Written Policy.

STEP 1: EMPLOYEE'S FORMAL GRIEVANCE: INSTRUCTIONS- Describe the violation, misinterpretation, inequitable application or non-compliance that occurred:

The problem occurred on: Date _____

I have discussed this problem informally with my supervisor on: Date _____

I received his/her verbal or written response on: Date _____

What area was not correctly applied or interpreted? Please check and cite # of one or more of the following:

- [] MOU Article # _____
- [] Ordinance # _____
- [] Resolution # _____
- [] Written Rule (Personnel Rule) # _____
- [] Written Regulation # _____
- [] Written Policy # _____

Attach any supporting documentation on what was violated or any other information that you may have on this matter.

SUGGESTED SOLUTION: What do you want done to resolve this matter? You must be clear and complete.

The information that I have provided is true and correct. I understand that it will be subject to review for a determination.

SIGNATURE OF GRIEVANT _____ DATE _____

Date Received in HR&D:

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STEP 1: SUPERVISOR OR MANAGER RESPONSE

INSTRUCTIONS: Within ten (10) working days after a formal grievance is filed, the Supervisor or Manager shall provide the grievant with a written response. This time limit may be extended by agreement.

DECISION: [Check the appropriate box and write your decision in the space provided below. You may attach additional pages as needed.]

Your Grievance is: NOT Grievable because: Not filed timely Non-grievable issue
 GRANTED as stated, GRANTED as modified below, DENIED

SUPERVISOR'S OR MANAGER'S SIGNATURE _____ DATE _____

Rec

STEP 2: GRIEVANT'S REQUEST FOR APPOINTING AUTHORITY REVIEW

INSTRUCTIONS: For review at Step 2, the grievance must be filed with the Human Resources & Development Department within ten (10) working days of receipt of the Step 1 Response.

I SUBMIT THIS GRIEVANCE FOR REVIEW AT STEP 2:

Signature _____ Date _____

Step 2 Date Rec

STEP 2: APPOINTING AUTHORITY'S RESPONSE

DECISION: [Check the appropriate box and write your decision in the space provided below. You may attach additional pages as needed.]

Your Grievance is: NOT Grievable because: Not filed timely Non-grievable issue
 GRANTED as stated, GRANTED as modified below, DENIED

APPOINTING AUTHORITY'S SIGNATURE _____ DATE _____

Step 3 Date Rec

STEP 3 (OPTIONAL): GRIEVANT'S REQUEST FOR MEDIATION*

INSTRUCTIONS: For review at Step 3, the grievance must be filed with the Human Resources & Development Department within ten (10) working days of receipt of the Step 2 Appointing Authority's Response.

I SUBMIT THIS GRIEVANCE FOR MEDIATION:

Signature _____ Date _____

*Mediation is subject to mutual agreement.

STEP 3: HUMAN RESOURCES DIRECTOR'S RESPONSE

Agree _____ Decline _____

HUMAN RESOURCES DIRECTOR'S SIGNATURE _____ Date _____

Step 4 Date Rec

STEP 4: GRIEVANT'S REQUEST FOR PANEL REVIEW

INSTRUCTIONS: For review at Step 4, the grievance must be filed with the Human Resources & Development Department within ten (10) working days of either the: a) Step 2 Appointing Authority's Response; or b) Step 3 Human Resources Director's Decline; or c) Step 3 Mediation Meeting.

I SUBMIT THIS GRIEVANCE FOR REVIEW AT STEP 4:

My grievance panel member selection is _____ Phone _____

Signature _____ Date _____

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