

**COUNTY OF TULARE: GRIEVANCE FORM (for Units: 5, 8, 9, 10, 11, 12, 13, 14, 15, 16, 19, 20, 21, 22, and 23)**

---<<< Please read **Personnel Rule No. 13 and** all the instructions BEFORE completing this form. >>>---

**INSTRUCTIONS: FILE THIS FORM AT THE Human Resources & Development Department FOR STEPS 1, 2, AND 3.**

- 1) You must FIRST have attempted to resolve this matter informally with your immediate supervisor or department management in accordance with the grievance procedure.
- 2) You must complete ALL of this page and sign it at the bottom.

\*Fire fighter personnel who work 24 hours shifts or 48 hour tours of duty, the grievance filing time lines shall be converted to calendar days such that for every five (5) work days applied to 40 hour employees shall be converted to eight (8) calendar days.

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 \_\_\_\_\_

- 2.  I elect to represent myself as an individual.

You may file a grievance if you feel that you have been harmed because your supervisor, another department manager or the County did not correctly apply or interpret the Collective Bargaining Agreement (CBA); Memorandum of Understanding (MOU); the County Ordinance Code as it relates to County employees; Resolution; Written Rule; Written Regulation; or Written Policy.

You may not file a grievance if: 1) Matters, such as Disciplinary Actions and Performance Evaluations, reviewable under some other established County administrative appeal procedure, 2) Employment Examinations, 3) Appointments to a position, 4) The Board of Supervisors exercise of legislative or judicial authority and the authority to appropriate funds and adopt the budget, 5) Discrimination complaints reviewable under the County's discrimination complaint procedure.

**STEP 1: EMPLOYEE'S FORMAL GRIEVANCE:** INSTRUCTIONS-Describe your problem briefly but clearly. Include names, dates, places and what happened.

Problem occurred on: Date \_\_\_\_\_

I discussed this problem informally with my supervisor on: Date \_\_\_\_\_

I received an informal response from my supervisor on: Date \_\_\_\_\_

**This section must be completed in order to file at the formal step:**

INSTRUCTIONS: What County rule or procedure was not correctly applied or interpreted:

- MOU Article # \_\_\_\_\_  Ordinance Code # \_\_\_\_\_  Resolution # \_\_\_\_\_
- Written Rule # \_\_\_\_\_  Written Regulation # \_\_\_\_\_  Written Policy # \_\_\_\_\_

Copy (or attach) the key part of the Rule or Procedure that was not correctly applied or interpreted:

**[SUGGESTED SOLUTION] - INSTRUCTIONS: What do you want done to solve the problem? 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 \_\_\_\_\_

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**STEP 1: SUPERVISOR OR MANAGER RESPONSE**

INSTRUCTIONS: Within ten (10) working days after this grievance has been filed, the Supv or Mgr shall make a decision in writing. \*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 OR MANAGER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**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 five (5) working days of receipt of the Step 1 response.

I SUBMIT THIS Grievant's  
GRIEVANCE FOR Signature \_\_\_\_\_  
REVIEW AT STEP 2 Date \_\_\_\_\_

**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: GRIEVANT'S REQUEST FOR PANEL REVIEW**

INSTRUCTIONS:

For review at Step 3 the grievance must be filed with the Human Resources & Development Department within five (5) working days of receipt of the Step 2 response from the Appointing Authority.

I SUBMIT THIS Grievant's  
GRIEVANCE FOR Signature \_\_\_\_\_  
REVIEW AT STEP 3 Date \_\_\_\_\_

My grievance panel member is \_\_\_\_\_ Phone \_\_\_\_\_

DECISION: The decision will be rendered in writing by the Grievance Panel.

FOR OFFICE USE ONLY:

STEP 1  
Date Received:

STEP 2  
Date Received:

STEP 3  
Date Received: