

**EMPLOYEE CONTRACT GRIEVANCE**

STD. 630 (REV. 10-95)

BARGAINING UNIT NAME

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

***Please refer to your bargaining unit's contract for specific information regarding employee grievance procedures and time frame requirements.***

GRIEVANT'S NAME

HOME TELEPHONE NUMBER

( )

HOME ADDRESS *(Number and street)**(City)**(State)**(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

ORGANIZATION OR AFFILIATION

TELEPHONE NUMBER

( )

**GRIEVANCE INFORMATION**

DATE OF ACTION CAUSING GRIEVANCE

DATE OF INFORMAL DISCUSSION WITH IMMEDIATE SUPERVISOR

DATE OF INFORMAL RESPONSE

GRIEVANCE DESCRIPTION *(Clear, concise statement. Attach additional sheets if necessary.)*

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

SPECIFIC REMEDY SOUGHT


GRIEVANT'S SIGNATURE

DATE FILED



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

**GRIEVANCE REVIEW--LEVEL I**

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

LEVEL I DECISION

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<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
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REASON FOR APPEAL

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**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
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REASON FOR APPEAL

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

DATE RECEIVED	DIRECTOR OR DESIGNEE (Signature) 	RESPONSE DATE
<input type="checkbox"/> Decision attached	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 (State reason below)	GRIEVANT'S SIGNATURE 	DATE SIGNED
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REASON FOR APPEAL

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**GRIEVANCE REVIEW--LEVEL IV--DEPARTMENT OF PERSONNEL ADMINISTRATION**

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