

3. What Civil Service title do you think should perform these duties? _____

_____ Grade: _____

4. Why are the grieved duties inappropriate for your current Civil Service Title? _____

5. Who assigned these duties to you? How were they assigned? If you have documentation, please attach.

6. If you know, what caused this assignment (e.g. sick leave, retirement, vacation, etc)? _____

7. Identify the title/grade of the supervisor(s) you report to when performing the grieved duties:

8. Identify the title(s)/grade(s) of the subordinate staff who report to you when performing the grieved duties:

9. Attachments. Please attach documents that support your claim of out-of-title work. Check all that you have attached:

Agency/Facility (in-house) job duties
 Performance Evaluations

Agency memoranda, emails regarding duties
 Other(Describe) _____

Date Submitted: _____

Aggrieved Employee/
Authorized Signature: _____

Agency-Level Decision (Step 2)

The Agency-Level Decision shall be issued no later than 20 calendar days following receipt of the grievance.

Date grievance was received (filing date): _____

Date Step 2 Decision was issued: _____

GOER File Number: _____

Agency Head/Designee: _____

GOER Appeal (Step 3)

Appeals to Step 3 may be submitted only by CSEA within 10 calendar days from the receipt of the Agency-level (Step 2) Decision.

Date of receipt of Step 2 Decision: _____

The Agency-Level Step 2 Decision is unsatisfactory.

Reason for disagreement with the Agency’s Step 2 Decision:

Date Submitted: _____

Authorized Signature: _____

GOER Decision (Step 3)

Date Decision was issued: _____

Director of the GOER/Designee: _____

GOER Appeal – Dispute of Facts (Step 3 1/2)

Appeals to Step 3 1/2 may be submitted only by CSEA when there exists a dispute of facts. The appeal must be submitted within 30 calendar days from the date of the GOER (Step 3) Decision and shall include documentation to support the factual allegations.

The Step 3 Decision is unsatisfactory.

Explain dispute of facts for reconsideration (Attach additional sheets if necessary): _____

Date Submitted: _____

Authorized Signature: _____

GOER Decision (Step 3 1/2)

Date Decision was Issued: _____

Director of the GOER/Designee: _____