State/CSEA Article 24 Out-Of-Title Work Grievance Form

agency head or design	pleted by the grievant a bee with a copy simultar s must be served in pers	neously filed with the	facility or institution h	ead or designee.	
Bargaining Unit:	Administrative	Operational	Institutional	DMNA	
Grievance Submitted	By: Individu CSEA o		vidual(s) named be	low	
Name(s):					
Current Civil Service	e Title(s) (Do not use "in	n-house" title):			
		Grad	e(s):		
Department/Agency:					
Facility and/or Work	Location:				
Shift:					
Supervisor's Name,	Civil Service Title:				
		Supervisor	's Grade:		

Description of Alleged Out-of-Title Work Please fill this section in as completely as possible.

1. Specifically describe the alleged out-of-title tasks/duties you are performing with sufficient detail to provide a clear picture of the scope of those duties. Use a separate paragraph for each type of task/duty and estimate of the percent of time each week you spend on each task/duty. Include any/all supervisory tasks performed that are not appropriate to your current title. *Classification Standards and Performance Evaluations may be attached, but are not a substitute for a description of the specific duties you are actually performing. Attach additional sheets if needed.*

Description of Task/Duties	% of time each week

2. Date you began grieved duties: ____/ ___ If ended, date grieved duties ended: ____/ ____

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:					
	Attachments. Please attach documents that support your claim of out-of-title work. Check all that you have ached:					
	Agency/Facility (in-house) job dutiesAgency memoranda, emails regarding dutiesPerformance EvaluationsOther(Describe)					
Da	te 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.					
Da	te grievance was received (filing date):					
Da	te Step 2 Decision was issued:					
GC	DER File Number:					
	gency 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) L	ecision.
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 w calendar days from the date of the GOER (Step 3) Decision and shall include documentation to support the factual alleg	
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:	_