

LOCAL 1000, AFSCME, AFL-CIO

## **GRIEVANCE FORM**

Name:	Date of Hire:	
Home Address:	CSEA ID Number:	
	Department or Agency:	
Home Phone #:	Job Title:	
	STEP 1	
Contract Articles violated or involved:		
Date of Occurrence:		
STATEMENT OF FACTS (include names, dates, what happened):		
	<del></del>	
	<del></del>	

Remedy Sought:		
<del></del>		
Date Submitted:	Grievant's Signature:	
1st STEP DECISION		
Date:	Supervisor's Signature:	
Rejected:	Sustained:	
DECISION: (use additional sheets if necessary):		
Date Decision received by Grievant:	Grievant's Signature:	
The above Decision is satisfactory:		
I wish to appeal the above Decision (Yes or No):		

## STEP 2

DETERMINATION ATTACHED  Date Decision issued:	Reviewer's Signature:	
The above Decision is satisfactory:		
I wish to appeal the above Decision (Yes or No):		
Date:	Grievant's Signature:	
STEP 3		
DETERMINATION ATTACHED Date Decision issued:	Reviewer's Signature:	
The above Decision is satisfactory:		
I wish to appeal the above Decision (Yes or No):		
Date:	Grievant's Signature:	

- COPIES TO:
  1. Original to Employer
  2. Employee
  3. Unit President
  4. Local President

- 5. Labor Relations Specialist

