

GRIEVANCE PROCEEDINGS
DIVISION OF CRIMINAL JUSTICE
749-GR-02 Rev. 03-12

INSTRUCTIONS

Refer to your collective bargaining agreement under the "Grievance Procedure" article for instructions regarding the submission of this form.

NAME OF GRIEVANT _____ NAME AND LOCATION OF COURT OR OFFICE _____

TITLE OF GRIEVANT	BARGANING UNIT 43 (AFSCME Local 749)	SHIFT (Circle one) 1st 2nd 3rd	
DATE OF ALLEGED VIOLATION	SPECIFIC CONTRACT PROVISIONS VIOLATED <i>(Give article and section number)</i>		
STATE FACTS AND ISSUES INVOLVED <i>(Attach additional sheets if necessary)</i>			
STATE SPECIFIC REMEDY OR RELIEF SOUGHT <i>(Attach additional sheets if necessary)</i>			
<p><i>I hereby declare that all statements made herein are true and accurate to the best of my knowledge and I desire representation as follows:</i></p> <p><input type="checkbox"/> I WILL REPRESENT MYSELF.</p> <p><input type="checkbox"/> MY RESPRESENTATIVE WILL BE:</p>			
NAME AND TITLE OF REPRESENTATIVE			
SIGNED <i>(Grievant)</i> X	DATE SIGNED	SIGNED <i>(Union Representative)</i>	DATE SIGNED

Answer I

ANSWER TO ABOVE GRIEVANCE <i>(Attach additional sheets if necessary)</i>			
DATE RECEIVED	DATE OF MEETING	DATE OF RESPONSE	SIGNED <i>(First Supervisor outside of bargaining unit)</i>

- I ACKNOWLEDGE SETTLEMENT OF MY GRIEVANCE.**
- I APPEAL THE DECISION AND REQUEST REVIEW AND RESPONSE BY THE CHIEF STATE'S ATTORNEY (OR DESIGNEE).**

SIGNED <i>(Grievant)</i> X	DATE SIGNED	SIGNED <i>(Union Representative)</i>	DATE SIGNED
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Answer II

ANSWER TO ABOVE GRIEVANCE <i>(Attach additional sheets if necessary)</i>			
DATE RECEIVED	DATE OF MEETING	DATE OF RESPONSE	SIGNED <i>(Chief State's Attorney or designee)</i>