

STATE OF NEW YORK - UNIFIED COURT SYSTEM
AND
CML SERVICE EMPLOYEES ASSOCIATION, INC., LOCAL 1000, AFSCME, AFL-CIO

NON-CONTRACT GRIEVANCE FORM

To be submitted by Grievant or Civil Service Employees Association (CSEA) Grievance Representative within 45 calendar days of the event giving rise to the grievance.

Grievant's Name: _____ Grievant's Title: _____

Grievant's Work Address: _____

Court or Court-Related Agency: _____

CSEA Negotiating Unit: _____

Grievant's Supervisor: _____

CSEA Grievance Representative (Name, Address and Phone Number): _____

- Judicial Districts (3-8 or Part of 9,10) (Submit Grievance to the District Administrative Judge)
- cl Court of Appeals (Submit Grievance to Chief Clerk)
- cl Court of Claims (Submit Grievance to the Presiding Justice of the Court of Claims)
- cl Appellate Division (Submit Grievance to the Presiding Justice of the Appellate Division)
- cl Office of Court Administration (Submit Grievance to the Director of the Unit)

The Non-Contract Grievance concerns (check applicable area):

- _____ Unreasonable work assignments or conditions.
- _____ Discriminatory supervisory practices except insofar as such practices as alleged would constitute violations of law.
- _____ A claimed violation, misinterpretation or misapplication of the rules or regulations, written policy or orders of the State.
- _____ A claimed assignment of employees to duties substantially different from those stated in their job specifications. (*Cairns under this provision to be submitted directly to the Director of Employee Relations.*)
- _____ A claimed improper holding of an open competitive rather than a promotional examination.

Date of Occurrence: _____

Statement of Facts (Use additional sheets if necessary): _____

Remedy Sought: _____

Date Submitted: _____

Aggrieved Employee: _____ (Print Name) Aggrieved Employee: _____ (Signature)

Check to make sure all required information, including provisions involved, has been provided before submitting form.

1ST STEP DETERMINATION

Date Grievance Received: _____ Date Determination Issued: _____

Determination by Management Representative or Designee, attached.

NOTE: This form should be returned to Grievant, together with Step 1 Determination.

STEP 2 - APPEAL

In the event Grievant or Union wishes to appeal the Step 1 determination, this form must be submitted to the Director of Employee Relations within 15 days of receipt of the Step 1 determination or the date the Step 1 & termination was due.

The determination at Step 1 is unsatisfactory. The following issues have not been resolved:

Date Submitted: _____

Aggrieved Employee: _____ (Print Name) Aggrieved Employee: _____ (Signature)

NOTE: You must send a copy of this Appeal to the District Administrative Judge at the same time this Appeal is submitted to the to the Director of Employee Relations.

2ND STEP DECISION

Date Appeal Received: _____ Case No.: _____

Date Decision Issued: _____

Determination by Director of Employee Relations Attached.