



## FIELD REPORT / LEGAL ASSISTANCE REQUEST

LOCAL: \_\_\_\_\_ CSEA Region No. \_\_\_\_\_  
(Name and Number)

Is Unit covered by Agency Shop? CI yes CI no

### Section 1. PERSONAL DATA

Name of Member: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Job Title: \_\_\_\_\_

Soc. Security No. \_\_\_\_\_

Work Location: \_\_\_\_\_  
(NYS Department or Local Government Unit)

Date Employed: \_\_\_\_\_

### Section 2. TYPE OF CASE

DISCIPLINARY: Charges Dated \_\_\_\_\_

- Section 75       Suspension/Reassignment  
 CI State Article 33       CI Patient Abuse  
 Other \_\_\_\_\_

#### CONTRACT GRIEVANCE:

- 0 Local Government Arbitration/Appeals Matter  
0 State Government Arbitration/Appeals Matter

- institutional \_\_\_\_\_  
(Article, Subsection)  
 Operational \_\_\_\_\_  
(Article, Subsection)  
 Administrative- \_\_\_\_\_  
(Article, Subsection)  
 Other \_\_\_\_\_  
Agreement  
\_\_\_\_\_  
(Article, Subsection)

COURT ACTION \_\_\_\_\_  
(specify)

OTHER \_\_\_\_\_  
(specify)

**Section 3. FACTS AND HISTORY:** Provide a narrative background report of case. include member and management versions of circumstances of case and other information impacting upon situation which should be considered in evaluating the merit of the case, e.g. *procedural violations, timeliness issues, particular policies, laws, rules and regulations.* Attach supplemental sheets if additional space is needed.

**Analysis of Merit of Case and Recommendation to Approve or Disapprove:**

**Section 4. MANAGEMENT MEETINGS, PREVIOUS DECISIONS**

1st Step Meeting Date: \_\_\_\_\_ 1st Step Decision Date: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 2nd Step Meeting Date: \_\_\_\_\_ 2nd Step Decision Date: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 3rd Step Meeting Date: \_\_\_\_\_ 3rd Step Decision Date: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Agency-Level Mtg. Date: \_\_\_\_\_ Agency-Level Decision Date: \_\_\_\_\_ Date Received: \_\_\_\_\_

If decisions are not attached, please explain: \_\_\_\_\_

Any other informal discussions with management? If so, explain outcome: \_\_\_\_\_

**Section 5. SETTLEMENT DISCUSSIONS**

List settlement offers:

**CSEA's**

**Management's**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Explain why settlement could not be reached: \_\_\_\_\_

**Section 6. WITNESSES** (if any additional space is needed, attach supplemental sheets)

**CSEA WITNESSES**

(a) Name: \_\_\_\_\_ Telephone: Work: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home: \_\_\_\_\_  
 \_\_\_\_\_  
 Work Location: \_\_\_\_\_ Job Title: \_\_\_\_\_

Credibility and substance of testimony: \_\_\_\_\_

(b) Name: \_\_\_\_\_ Telephone: Work: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home: \_\_\_\_\_  
 \_\_\_\_\_  
 Work Location: \_\_\_\_\_ Job Title: \_\_\_\_\_

Credibility and substance of testimony: \_\_\_\_\_

**MANAGEMENT WITNESSES**

(a) Name: \_\_\_\_\_ Telephone: Work: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home: \_\_\_\_\_  
 \_\_\_\_\_  
 Work Location: \_\_\_\_\_ Job Title: \_\_\_\_\_

Credibility and substance of testimony: \_\_\_\_\_

(b) Name: \_\_\_\_\_ Telephone: Work: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home: \_\_\_\_\_  
 \_\_\_\_\_  
 Work Location: \_\_\_\_\_ Job Title: \_\_\_\_\_

Credibility and substance of testimony: \_\_\_\_\_

**Section 7. MEMBER'S WORK HISTORY:** Provide information regarding prior counselings, Notice(s) of Discipline, unsatisfactory ratings, commendations, grievant's participation in programs, medical documentation, etc. In a discipline case, provide detail if prior misconduct or incompetence is similar to current case.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FIELD REPRESENTATIVE: \_\_\_\_\_ (signature) \_\_\_\_\_ (telephone no.) \_\_\_\_\_ (date submitted)

Regional Attorney: \_\_\_\_\_ (name) \_\_\_\_\_ (telephone no.)

Application submitted to: \_\_\_\_\_ (name of administrator) Copies to:  \_\_\_\_\_ (name of local president)

\_\_\_\_\_ (name of unit president)