

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

**CONTRACT GRIEVANCE FORM**

***To be submitted by Grievant or Civil Service Employees Association (CSEA) Grievance Representative within 45 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): \_\_\_\_\_

Provision of Agreement Involved: Article \_\_\_\_\_ § \_\_\_\_\_

cl Judicial Districts (3-8 or Part of 9,10) (Submit Grievance to the District Administrative Judge)

Court of Appeals (Submit Grievance to Chief Clerk)

Court of Claims (Submit Grievance to the Presiding Justice of the Court of Claims)

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)

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 contract provision(s) involved, has been provided before submitting form.***

**1ST STEP DETERMINATION**

Date Grievance Received: \_\_\_\_\_ Date Determination Issued: \_\_\_\_\_

Determination by the Management Representative or Designee, Attached.

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

CONTRACT GRIEVANCE FORM

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 determination was due.*

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

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Date Submitted: \_\_\_\_\_

**Aggrieved** Employee: \_\_\_\_\_ Aggrieved Employee: \_\_\_\_\_  
(Print Name) (Signature)

*NOTE: You must send a copy of this Appeal to the Management Representative who passed upon the Grievance at Step 1 at the time this Appeal is submitted to the Director of Employee Relations.*

2ND STEP DECISION

Date Appeal Received: \_\_\_\_\_ Case No.: \_\_\_\_\_

Date Decision Issued: \_\_\_\_\_

Determination by Director of Employee Relations Attached.

STEP 3 - APPEAL

*In the event the Union wishes to appeal the Step 2 Decision to Arbitration, this form must be submitted to the Director of Employee Relations within 20 workdays of receipt of the Step 2 Decision or the date the Step 2 Decision was due. Attach copies of all documents relating to this grievance.*

Provision of Agreement **in Dispute**: \_\_\_\_\_

The Union demands Arbitration of the following issues: \_\_\_\_\_

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Date Submitted: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

*A demand for Arbitration may be submitted only by an official of the Union who has been designated in writing to demand Arbitration.*