



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)