



STATE OF NEW YORK - UNIFIED COURT SYSTEM and  
CIVIL 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 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 Grievant Representative (Name, Address and Phone Number): \_\_\_\_\_

\_\_\_\_\_

- 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)
- Office of Court Administration (Submit Grievance to the Director of the Unit)

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

\_\_\_\_\_ 15.1(b)(1) Conditions of employment affecting the health or safety of employees.

\_\_\_\_\_ 15.1(b)(2) Unreasonable work assignments or conditions.

\_\_\_\_\_ 15.1(b)(3) Discriminatory supervisory practices except insofar as such practices as alleged would constitute violations of law.

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 involved has been provided before submitting form.***

### **1<sup>st</sup> 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.***

### **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 be 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 Director of Employee Relations.***

### **2<sup>nd</sup> Step Decision**

Date Appeal Received: \_\_\_\_\_

Case No.: \_\_\_\_\_

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

Determination by Director of Employee Relations Attached.