

**STATE/CSEA  
GRIEVANCE FORM**

(All grievances, decisions and appeals must be served personally or by registered or certified mail, return receipt requested.)

**TO BE COMPLETED BY GRIEVANT OR HIS/HER REPRESENTATIVE:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Department or Agency: \_\_\_\_\_

Work Location: \_\_\_\_\_

Bargaining Unit:  Administrative  Operational  Institutional  DMNA

Grievance Type:  **Contract.** Specify Article \_\_\_\_\_ Subsection \_\_\_\_\_

**Non-Contract.** (May be appealed through Third Step only)

**STEP 1**

Date of Occurrence: \_\_\_\_\_

Statement of facts: (use additional sheets, if required) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remedy sought: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date submitted: \_\_\_\_\_ Aggrieved Employee(s) \_\_\_\_\_

**CHECK TO MAKE SURE ALL REQUIRED INFORMATION HAS BEEN PROVIDED AND GIVE THIS FORM TO YOUR FACILITY OR INSTITUTION HEAD OR DESIGNEE.**

**1st STEP DECISION**

Date grievance received: \_\_\_\_\_ Determination Attached

Date decision issued: \_\_\_\_\_

Facility or Institutional Level Rep.

**STEP 2—APPEAL**

(To be submitted with a copy of the Step 1 decision to the agency head, or his/her representative designated to receive such appeals, within ten working days\* or receipt of Step 1 decision or date Step 1 decision was due, whichever is earlier.)

The decision at Step 1 of the grievance described above is unsatisfactory.

Reasons for disagreement with Step 1 decision: \_\_\_\_\_

\_\_\_\_\_

Date submitted: \_\_\_\_\_ Aggrieved Employee(s) \_\_\_\_\_

**2nd STEP DECISION**

Date received \_\_\_\_\_

Determination Attached

Date decision issued: \_\_\_\_\_

Review: \_\_\_\_\_

**STEP 3 - APPEAL**

(All Step 3 appeals must be submitted to CSEA, Office of Collective Bargaining, 143 Washington Avenue, Albany, New York 12210 immediately after receipt of Step 2 decision.)

The decision at Step 2 of the grievance described above is unsatisfactory.

Reasons for disagreement with Step 2 decision: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Aggrieved Employee(s) \_\_\_\_\_

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

Non-Contract Review Meeting Requested

AN APPEAL TO STEP 3 MUST BE SIGNED OR COUNTERSIGNED AND FILED BY THE EXECUTIVE DIRECTOR OF CSEA OR HIS DESIGNEE

NOTE: CSEA MUST FILE THIS APPEAL WITHIN FIFTEEN WORKING DAYS\* OF RECEIPT OF STEP 2 DECISION OR DATE STEP 2 DECISION WAS DUE, WHICHEVER IS EARLIER, TOGETHER WITH THE GRIEVANCE AND THE DECISIONS AT STEP 1 AND 2, WITH THE **GOVERNOR'S OFFICE OF EMPLOYEE RELATIONS**, AGENCY BUILDING #2, 12<sup>TH</sup> FLOOR, EMPIRE STATE PLAZA, ALBANY, NEW YORK 12223.

**3rd STEP DECISION**

Case Number: \_\_\_\_\_

Date received by the Governor's Office of Employee Relations: \_\_\_\_\_

Determination Attached

Date decision issued: \_\_\_\_\_

Director of the Governor's Office of Employee Relations or designee: \_\_\_\_\_

**STEP 4 - APPEAL**

(To be submitted to the Governor's Office of Employee Relations within 15 working days\* of receipt of Step 3 decision or date Step 3 decision was due, whichever is earlier. Attach copies of all documents related to grievance)

The Civil Service Employees Association hereby demands ARBITRATION.

Date submitted: \_\_\_\_\_

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

(A DEMAND FOR ARBITRATION MAY BE SUBMITTED ONLY BY THE EXECUTIVE DIRECTOR OF CSEA OR HIS DESIGNEE)

\*In the case of a department or agency which normally operates on a seven-day-a-week basis, the reference to ten working days shall mean 14 calendar days, and 15 working days shall mean 21 calendar days.