

**New York State/United University Professions
CONTRACT GRIEVANCE FORM - LIFEGUARDS**

TO BE COMPLETED BY GRIEVANT OR REPRESENTATIVE

Name _____ Title _____
Current Mailing Address _____ Phone No. _____
Department or Agency _____ Work Location _____
Provisions of the Agreement involved: Article _____ Subsection _____
 I shall represent myself I am represented by UUP

STEP 1

A grievance shall be filed by an employee or UUP with the facility head or designee within 45 calendar days following the act or omission giving rise to the grievance.

Date of Occurrence _____
Statement of facts (use additional sheets, if required) _____

Remedy sought _____

Date Submitted _____ Aggrieved Employee(s) _____
Name of Representative _____

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

STEP 1 RESPONSE (Attached)

Date grievance received _____
Date decision issued _____ Facility Level Representative _____

NOTE: The facility head or designee shall schedule a meeting within 10 calendar days after receipt of the grievance and shall issue a written response to the grievant and UUP within 10 working days after the meeting.

STEP 2 APPEAL

UUP, upon grievant's request, may submit a copy of the grievance and Step 1 response to the agency head or designee, with a copy to the facility head or designee, within 10 working days after receipt of the Step 1 response.

Reasons for disagreement with Step 1 response: _____

Date submitted _____ Aggrieved Employee(s) _____

STEP 2 RESPONSE (Attached)

Date appeal received _____

Date decision issued _____ Reviewer _____

NOTE: The agency head or designee shall issue a written response within 20 working days after receipt of the appeal or after meeting with UUP and grievant. If a meeting is requested, the meeting shall be scheduled within 10 calendar days after receipt of the appeal.

STEP 3 – APPEAL

UUP, upon grievant’s request, may appeal the Step 2 response, through the President or designee, within 10 working days after receipt of the Step 2 response.

Reasons for disagreement with Step 2 response _____

Date submitted _____ Aggrieved Employee(s) _____

Authorized signature _____

NOTE: UUP must submit an appeal within 10 working days after receipt of Step 2 response, together with a copy of the grievance filed, prior responses at Steps 1 and 2, and prior appeal, with the Director of the Governor’s Office of Employee Relations or designee, 2 Empire State Plaza, 12th Floor, Albany, New York 12223.

STEP 3 RESPONSE (Attached)

Date received by GOER _____ GOER File Number _____

Date decision issued _____ Director of GOER or designee _____

NOTE: The Director of the Governor’s Office of Employee Relations or designee shall issue a short, plain written statement of the reasons for the decision within 20 working days of receipt of the appeal.

STEP 4 – APPEAL

UUP, upon grievant’s request, through the President of UUP or designee, may proceed to arbitration by filing with the Governor’s Office of Employee Relations, with a copy to the facility head or designee and agency head or designee, within 10 working days after receipt of Step 3 response.

United University Professions hereby demands ARBITRATION.

Proposed statement of the issue to be decided. _____

Date submitted _____ Authorized Signature _____